THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

conomics

JULY, 1936

CIRCULATION: 129,000



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Medical Economics THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

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H. SHERIDAN BAKETEL, A.M., M.D., Editor WILLIAM ALAN RICHARDSON, Managing Editor J. T. DURYEA CORNWELL, JR., Associate Editor RUSSELL H. BABB, Advertising Manager LANSING CHAPMAN, Publisher

FRACTURES SPRAINS STRAINS

PHYSICAL treatment is an essential procedure in the treatment of injured tissues following fractures, sprains and strains.

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Its use, also, is indicated preceding and following manipulation of a joint, as it aids considerably in relaxing the tissues and in overcoming any inflammatory reaction. It is a valuable adjunct following physiotherapy.



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* Bridging the Gap

To the Editor:

I have before me seven ponderous volumes. They hold every lecture I heard in medical school. In all this collection of academic information there is not one sentence of instruction on how to practice medicine. When I go to a medical library, I see row after row of scientific journals. Among them I challenge anyone to find a practical, workable article on any phase of the business side of medicine.

It may be important for me to know that Dr. Jones has irrefutable evidence that the peripheral effect of atropine poisoning is one of paralysis; but it's just as important for me to know what kind of monthly statements to send out and why. My professional ability is greatly enhanced by information that trichomonads has its natural habitat in the intestinal tract and the glands of Lieberkuhn; but—by George!—I must know how and when to pre-

pare a proper industrial report.

I doubt seriously if the editors of Medical Economics fully appreciate the tremendous gap in medical literature that is bridged by their small but pertinent period-

Walter A. Coole, M.D. Houston, Texas.

★ Advertisers Please Note

To the Editor:

T've seen a letter in Medical Economics (January, 1936) from Dr. Jehl in which he recommends that advertisers of drugs use standard-size cards (3" x 5") to describe their products. For several years I have been trying to bring this to pass. I have suggested it to all the advertising men who have called on me, and have taken it up with the A.M.A.

When information of this sort arrives, I jot it down on 3" x 5" cards and file them. Then whenever additional advertising of the

same material comes to my desk, I review what I already have. If there is anything new to add, I do so.

Many advertisers are already supplying these data cards. They are particularly welcome. I hope with Dr. Jehl that this habit will become general.

R. D. Mudd, M.D. Norwood, Ohio

* Critics Criticized

To the Editor:

I feel compelled to take up my pen and orate a bit on "Let's Get Personal."*

Mr. Brown felt that his doctor "had so many other things to do—" Yes, doctors do have many other things to do at times. But we have our stated office hours, and why should so many patients try to crash in on us at other times? Mr. Pile thinks the matter of

Mr. Pile thinks the matter of fees should not enter into the medical care bargain. At heart the physician may feel that the fee is a secondary matter. Actually it is an economic necessity.

Mr. Long says that his present physician "is a young man not long in practice and knows what he is about." No doubt he does. Hail and success to him. I was a beginner once, too, and prided myself on my juvenile knowledge. But, as time went on, I began to realize that I didn't learn all in college... With years of practice certain medical reasoning and technique becomes second nature as does driving a motor car. No one should forget that, although the recent graduate has modern theory and laboratory technique down to an exact science, the older man has the fruits of years of experience as a background...

Mr. Kelly feels grieved that his doctor was unwilling to extend him

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^{*}A special feature in April MEDICAL ECONOMICS in which eight laymen answered the question, "Why did you choose your present physician; why did you give up your last physician?"

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LEUKORRHEA



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Recent research¹ has shown that wherever vaginal pathology resulting in leukorrhea is present, and especially when such pathology results from Trichomonas Vaginalis infections, the following departures from normal occur in the vagina:

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1. Karnaky, K.J., "Medical Record & Annals," May, 1906

NEW YORK

LOS ANGELES

CHICAGO

KANSAS CITY

credit at \$2 a week, and admires the new man who did so smiling-. He feels the arrangement saved him from borrowing money. What about the doctor who ex-tended credit? Didn't Mr. Kelly borrow from him without even paying interest for the loan? Rather inconsistent, Mr. Kelly!

The teacher felt that her old physician didn't help her mother, while the new man did. He gave her opiates and kept her comfortable until her suffering ended. Since mother passed away, how much did the second man help

Sometimes one gets fed up with the diet the public prescribes for

C. S. Reitz, M.D. Palmerton, Pa.

* Debate Winner

To the Editor:

Your publication is most wel-come in this house. You are doing more good than any other publishing firm that I know. My wife and I read and study Medi-CAL ECONOMICS and my son won a debate (negative) with the material on socialization of medicine which he gathered from it.

Ronald C. Gyles, M.D. Siler City, N. C.

★ Certified Specialists

To the Editor:

A little over ten years ago, bodies (in addition to the A.C.S.) appeared for the purpose of certifying physicians in the various specialties. These are termed "examining boards" and consist of representatives of national specialty organizations. However, their certificates are not generally known to or recognized by the profession at large. This is true only because of a serious omission on the part of state medical directories. Except in one instance, they use no legends in connection with a specialist's name to indicate that he is a holder of a certificate. Just why there is this discrimination (the A.C.S. is re-cognized by the state directories) only those in authority know; and they won't tell. I have tried many years to find out myself.

This point needs to be stressed: By listing various specialists as holders of certificates, the profession and, to some extent, the gen-eral public would become certificate-conscious. The moral force of this publicity would, to my mind, make it almost a necessity to hold a certificate in order to specialize.

Joseph Popper, M.D. New York, N. Y.

★ Shut the Doors

To the Editor:

Many times in the past several years we have had regular-paying patients say to us: "Doctor, I'd like to have you treat me for this condition, but I can get it free at the Veterans' Hospital. I know you don't blame me for going there."

Some time ago one of my reg-ular patients fell and suffered a fracture of two ribs. He was admitted to the Veterans' Hospital without question as to the origin of his injury or his ability to pay a private fee. He was given proper attention, including x-rays, without cost to himself. But it cost me not less than \$25, and it cost the taxpayers something, too. Obviously, the injury was in no way service-connected. Unquestionably this is one of

the most pernicious rackets that encroach on the legitimate practice of medicine. The only emedy is to insist upon closing Vet-erans' hospitals to all cases where it cannot be shown that the disability involved is actually serv-

ice-connected.

If organized medicine does not proceed to take steps to correct this situation which is costing us millions of dollars and is increas-ing taxes, we shall be doing ourselves a grave injustice.

Maurice L. B. Clarke, M.D. Atlanta, Georgia.

★ Our Hospital Autocrats

To the Editor:

If medical politics are allowed to continue in the various hos-pitals controlled by small groups it is soon going to be difficult for the general practitioner to make an honest living.

By taking the trouble to investigate, you will find most hospitals being run by a handful of men. The few are telling the many what to do and when to jump through the hoop. These Ba

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A matter of seconds

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When conventional type scissors are reground, four results are inevitable. Edges vary in uniformity of sharpness—they assume a "billowy edge" cutting line—steel loses its temper—and they wear beyond a serviceable point thus necessitating replacement.. all of which tend to impede the skill of the surgeon.



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cliques should be broken up. The common herd is about as capable and is usually more honest than they are.

M.D., Indiana.

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★ Summer Complaint

To the Editor:

Is there a solution of the economic problem that arises when city physicians, combining vacawith profit, compete with their country colleagues?

I know of one summer resort in prosperous community aristocratic city physicians asso-ciate with their rural brethren on terms of equality. This is to their mutual advantage, for the country men are quite the equals of the doctors in knowledge and skill. In contrast is a mountain county which has a population of 3,000 in the winter and 30,000 in summer. Two permanent physicians earn a precarious living with the help of a county grant for acting as health officers. Their private practice is pitiful because of twenty summer because of doctors on whom even the natives call for treatment.

I am anxious to learn of any solutions to this problem. Perhaps there are readers of MEDICAL ECONOMICS who have something to say on it.

M.D., New Jersey.

* \$1 Visits Urged

To the Editor:

am a book salesman to the medical profession, of many years' experience.

Every day doctors say to me, "I would like to have that book. I have nothing on it. But I can't af-

ford it.' I have been trying to figure out the doctor's economic status during the past three or four years, and I feel that the reason he is where he is, is because he does not charge a fee that the patient feels is fair. In other words, he is too high for the general run of office calls, and he depends upon those

who do pay to keep him going.

Let him, instead, take Henry
Ford as an example. Do a big business at a small profit. Let him charge 50% less, but let him also dispense. There is the big answer.

Why not charge \$1 for a visit to the office . . . then dispense the he p-

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A SCOURGE OF CIVILIZATION CHECKED * * * * VIOSTEROL

Civilization lives in temperate climates, shields itself from the sun with clothing, walls, glass,

shades, and the smoke pall of great cities. For hundreds of years this situation has prevailed. Shutting out the sun's rays cut off civilized peoples from the sun as a source of Vitamin D benefits, and thus has invited "the scourge of rickets". In modern times this situation has rapidly grown worse. As late as 1920 it was said that "every child in Central Europe was . . . rickety".

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July.

drugs for cash. Make a couple of dollars on each patient, instead of writing off a big loss. I don't sell drugs and am not interested in anything but seeing the doctor get where he can buy books the way he used to.

Edward Quinn W. F. Prior Company Hagerstown, Maryland

* Downhill Period

To the Editor:

Ours is not a long-lived profession In the short time alloted to us few can acquire even enough to us few can acquire even enough to protect their dependents Ac-cording to mortality tables, the average life of the physician is 56 years. If he begins practice at 24 (few begin before 28 or 29) his active life is of 32 years' 29) his active life is of 32 years' duration. Now, were he able to carry on every single day and collect ten dollars each day he would receive a total of \$116,800 out of which he would have to meet professional and private expenses. After a life of mental and abbreight toil he would have little physical toil he would have little left to support himself during the

downhill period of life. There are several remedies for this situation, two of which seem particularly feasible. First, every physician should have an annuity. If the individual can't pay an insurance company for one, the medical association should. taxation of more fortunate mem-bers, provide for the less fortunate. Second, society can show it's gratitude for the safeguarding of the health by passing state pension laws for physicians beyond sixty years of age and for their widows.

It is certain that some plan of financial security must be set up before long if medicine is to maintain its present high standard and continue to attract men women of requisite ability.

Alfred B. Berkove, M.D.

Oakland, California.

To the Editor:

The argument has been advanced that for a physicians' old age retirement fund to be selfsufficient it must be compulsory upon all members of our organization and that premiums must

for EFFECTIVE iodine therapy prescribe SYRUPUS ACIDI HYDRIODICI GAVRIDNER'S

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MEDICAL ARTS 319-16th St., Denver, Colo., U.S.A. be paid in accordance with existing rates for old age annuities. That, I submit, is true only with organizations where retirement is mandatory at a certain age, and where every retiring member is given an annuity whether he is in need of it or not. It is easy to see that it would be different in our case. No one would have to retire at any age whatever except when he so desired for good and sufficient cause. Benefits would not be given to retiring members fortunate enough to have other and sufficient sources of income.

Most of our physicians are able to carry on to a ripe old age. They would scoff at the idea of compulsory retirement. At the same time, they would be glad to contribute to a retirement fund because of their knowledge of the need of some of their colleagues. Our younger men, in addition to a feeling of sympathy for such a project, would also support it because of its potential benefit to themselves.

All we need is to have some large individual society start a positive movement for the establishment of an old age physicians' retirement fund.

R. Guralnick, M.D. East Boston, Mass.

★ Wood Pile

To the Editor:

It was with a great deal of surprise that I noted the use of the term "nigger in the woodpile" in your article "Low Finance" by Frank W. Brock (May Medical Economics, page 54).

I am sure that this use of an insulting phrase does not represent on the part of Medical Economics an attempt to offend any of its readers. However, it occurs to me that you might well take the stand of refusing to print such phrases when an author exhibits bad taste and includes them in his article.

Arthur G. Falls, M.D. Chicago, Ill.

★ Those Lawyers

To the Editor:

When we physicians are called to testify, we should either review our subject or be prepared to admit ignorance when we're asked For pack

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for packing purposes, Johnson & Johnn provide a specialized group of gauze nducts, useful and effective for many cking requirements.

GAUZE STRIPS. A special packing or draing gauze. Non-raveling selvage edges. Led with any packing device. Sterilized, ands in bottle in 1/4", 1/2", 1" and 2" this. Plain, or Iodoform 5%.

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With a constantly increasing number of physicians, Cystitabs are the first thought for relieving bladder irritation, where urination is almost constant, scalding and painful.

Cystitabs have been found especially valuable during hot summer weather, when increased perspiration causes less fluid to pass through the kidneys thus concentrat-ing the urine and markedly increasing the frequently, manifestation of pain at the neck of the bladder. Promptness of relief when Cystitabs are given in these condi-tions are gratifying both to the physician and his patient,

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something about which we're not sure.

A clever lawyer who does a little research can baffle an unprepared physician. A case was lost recently by an insurance company because its doctor had not heard that the modern operation for recurrent inguinal hernias was the Gallie. He pretended to be familiar with the operation and, when asked how many assistants he would use, answered, "One." The lawyer. quoting from an authentic article. revealed that the operation requires three assistants. Which is true, much to the chagrin of the physician.

Long Island, New York

* Red-Tape Blues

To the Editor: Speaking of state medicine, my army experience taught me what a real dose of red tape is.

Always subject to court martial and possible demotion for neglect of duty, bound down by inflexible army rules and regulations as well as by the medical manual, and re-



FOR SAFE TECHNIQUE USE CASTLE...

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CAS

stricted by a multiplicity of forms which had to be filled out each day -regardless of other duties and the condition of my charges-I found it a Herculean task, even by working overtime, to give my patient's proper professional care.

W. Hamilton Smith, M.D. Hagerstown, Maryland

* Addiction a Guess

To the Editor:

Medical men make a serious mistake in not taking a greater interest in the matter of the interest in the interest in the matter of the interest in the interest in the interest in the matter of the interest in the in off when the public will demand that the medical fraternity do something more than shun this menace.

We need a survey of the problem. Yet every time anything is attempted that might bring about such an effort we are blocked by government officials. Why are we kept in ignorance of this subject? We have statistics galore everything else yet nothing but guesses on addiction.

Everett G. Hoffman Seattle, Washington.

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"She's Not Getting Enough Food!"

"We Must Stimulate Her Appetite"

Doctor, how often in your practice do you find a malnourished child, the cause of whose underweight and low vitality seems to be largely a lack of appetite? This may be chronic or it may accompany the recovery from an illness, and convalescence may be unduly prolonged by the failure of the child to eat.

OVALTINE has proved valuable in such cases, since it contains the vitamin needed for normal appetite. It also has taste appeal. Thus it is not only readily taken by the child but it also helps build the desire for other foods.

OVALTINE reinforces milk with proteins, carbohydrates and fats in easily digested form. It is a good source of Vitamins A, B, G and D and furnishes appreciable quantities of iron and the bone-forming elements, calcium and phosphorus.

OVALTINE is well adapted for between-meals feeding. It is easy to make, easy to take, and supplies high food value in small volume.

OVALTINE The Swiss NOW MADE IN THE UNITED STATES

Fill in coupon for professional sample

Why not let us send you a trial supply of OVALTINE? If you are a practicing physician, send the coupon together with your card, letterhead or other indication of your professional standing.

This offer is limited to practicing physicians

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SIDELIGHTS

OVERNMENT agencies have Jong pointed an accusing inger at the profession for its neglect of preventive medicine. Unless physicians take the initiative promptly, observers are now saying, the field will be lost irretrievably to these agencies.

During the depression years, government attention could not conveniently be focused on this problem. But now the scene is changing. As our Washington bureaucracies swell in size and appropriations for public health service are increased, it is almost a foregone conclusion that preventive medicine will feel the grip of federal fingers.

Inasmuch as prophylaxis constitutes a natural function for the physician in his daily work, the man who neglects it invites the competition of laymen better able than himself to recognize opportunity when it knocks.

RTICLES in several first-A string newspapers and periodicals have paid tribute lately to the research activities of the great pharmaceutical and chemical manufacturing companies. That these concerns spend millions of dollars annually for scientific investigation often passes unnoticed. Some of medicine's ranking authorities are found on their research staffs. While it is true that such companies have a legitimate self-interest in the research they sponsor, its benefit to the public and to the professions alike can not be gainsaid.

Comments the New York State Journal of Medicine: "The medi-

cal and surgical manufacturers always have something new or some improvement on the old, so that the doctor who desires to be up-to-date finds it profitable to give attention to what they have to offer. If the doctor is the man in the forward trenches fighting the unending battle with disease and death, then the manufacturers are the munitions makers who supply the powder and shot."

A T the risk of being waylaid and treated to a knuckle-dusting by some indignant reader, we're going to speak our mind on the subject of association dues.



In numerous cases, dues should be increased, we believe, rather than lowered—howls of objection notwithstanding. A fighting society must have funds.

To the old cry, "But what do I get out of it?" there's a perfectly sound answer: "Just about ten times what you put into it."

For proof, look at the record of any competently-run society. One state association we're familiar with has annual dues of \$13. For that sum in recent years it has not only been able to pursue its regular routine but has also achieved other results, of

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which the following are typical: established a reserve of several thousand dollars for emergency needs, quashed a chiropractic bill that would have allowed almost 600 cultists to compete with the local medical profession, secured the adoption of a lien law that pours thousands of dollars into the pockets of its members, concluded an arrangement with an insurance company that saves the doctors in premiums alone what they pay annually for society dues.

What investment could yield the physician a higher return? Name it and we'll buy it.

A T a dinner given to celebrate the building of their latest ocean greyhound, the officers of the Cunard Line were fortunate enough to have England's late King George as their guest of honor. To carry on the tradition of giving Cunard ships names ending in "ia," they decided to call their newest vessel the Queen Victoria. King George didn't know this. When they announced ambiguously that "We are planning to name the ship after the Queen," the King smiled in appreciation. "Queen Mary will be delighted," he said.

And Queen Mary she is.



No less a misnomer than the now-famous British ship is the term, "health insurance," which is not insurance at all and has little to do with health. It could more accurately—and with less whitewash—be known as "sickness taxation."

In the first place, its purpose is to supply medical care during illness, not to guarantee good health. Secondly, it is not insurance because the "contributions" it requires are generally compulsory; and what is a compulsory contribution if not a tax?

The reason for the term "health insurance" is psychological. It

sounds better.

You have to give the socialists credit for thinking of these things.

FEW things are more useful to the physician yet more dangerous when they get into lay hands than a schedule of minimum fees.

In most cases the distribution of such schedules has been carefully controlled. But in at least one state recently there appears to have been a leak. Copies of a schedule of minimum charges under the workmen's compensation law of New York found their way into the offices of a number of laymen, one of whom happened to be an editor of the New York Sun.

Three hundred thousand present and prospective patients who read the Sun were promptly treated to an editorial on "What to Pay Doctors." A forearm bone graft, including post-operative therapy, "can be had for \$175," it said, by way of illustration. "The price set" on an amputation of a phalanx, "including six weeks of after care, is \$30."

"Doctors should not be too much surprised," the editorial continued, "should they begin shortly to receive letters along this line:

"Dear Doctor:

I am returning herewith your bill for setting my broken arm, and my subsequent visits to you. I see by line 170 of the Minimum Medical Fee Schedule that the State of New York has officially, with the advice of the State Medical Society, fixed \$50 as the proper fee in this region for treatment of a fracture of the radius or ulna, including two months of after care. I am, therefore, in-

closing a check for that sum, instead of for the amount of your bill. If large industrial corporations or insurance companies don't have to pay any more, I don't see why I should.

Yours truly, &c."

Thus, in this instance, patients have been given to understand four things: (1) that the state has compiled a list of medical fees (2) that a copy of the list can be obtained from the state industrial commissioner, (3) that the fees designated are the proper fees to pay, and (4) that by means of the foregoing form letter they can probably effect a substantial reduction in any outstanding doctor's bill.

Nowhere in the editorial was any emphasis placed on the fact that the fees referred to are minimum fees. Nor was any explanation of the sliding-scale given so that patients might understand why charges for an identical treatment vary appreciably among patients of different

means.

Incidents of the kind described here are not commonplace. But they will become so if minimum fee schedules continue to be strewn around indiscriminately.

A FTER all the storm warnings that have been hoisted to caution physicians against crooked collection agencies, further talk about the topic should be superfluous. Yet it apparently isn't. Reports continue to arrive from practitioners in different parts of the country, explaining how they

have been duped.

Since there are enough honest collection companies to answer the needs of the profession, it is wholly unnecessary to tinker with the irresponsibles. If you contemplate using the services of a certain agency, investigate it first. And investigate it right! Drop a note to the Better Business Bureau (no street address is necessary) in the town where the agency has its head office. Ask

what the antecedents of the company are and whether it can be relied upon. This service costs nothing, and it may save you hundreds of dollars.

Playing around with fly-by-



night agencies is a shell game. When you look for the pea, it isn't there.

THE value of goodwill, listed on many a business balance sheet at \$1, is actually inestimable. To the medical profession, also, it constitutes a vital asset.

In view of this, anything that tends to undermine public confidence in medicine must be kept under our collective thumb. Contract practice is one of these things

In a few sections of the country it has been allowed to run riot. Medicine has been commercialized badly, and public confidence in the profession has suf-

fered as a consequence.

In our opinion, every community that embraces an appreciable amount of contract work should have set up in it a medical society committee capable of defining what constitutes an approved contract—one which an ethical member can feel free to sign. This committee ought also to be charged with the responsibility of rendering decisions in particular cases, and should be equipped to investigate and act upon suspected violations by its members.

A few medical associations have already taken such steps to control contract practice. Now the move must be extended.

-WILLIAM ALAN RICHARDSON

Five-in-One Office

Winners of the photograph contest announced in May Medical Economics are the Colorado pediatrician* whose office is shown on these pages and Dr. C. V. Rice, of Muskogee, Oklahoma. Each receives a \$35 award: the first, for the best set of two interiors and one exterior; the second, for the best set of three interiors. Dr. Rice's entry will appear next month; others in later issues. "Name on request.

SPANISH type architecture and the sunny climate of Colorado become each other. That explains why the former was chosen for this building.

It's constructed of brick tile with a good coating of rough, cream-colored stucco. Four shades (brown to red) of Mission tile pattern the roof.

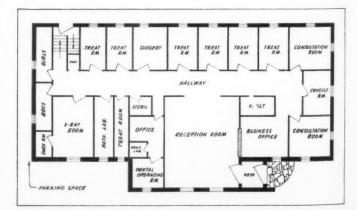
The wrought-iron grillwork that covers the front windows carries out the Spanish motif. The heads of a boy and girl fashioned in the iron do not. But they do distinguish the building as the office of child specialists, as do the children's footprints pressed into the cement entrance walk when it was laid down. (Patients like these little touches.)

Old Spanish lanterns lend a distinctive note. Eaves and downspouts of copper strike color harmony with the roof and grillwork.

There is adequate space for landscaping around the structure.

A three-foot privet hedge protects a smooth-shaven lawn from ungentle footsteps that might wander from the street. The grounds are decoratively planted with iris, spirea, Mugho pine, silver juniper, sumac, red dogwood, flowering almond, and ivy. A bed of annuals keeps the office in flowers from May to October.

The parking problem doesn't



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exist here. Ample room is found in the rear for the cars of the four physicians and one dentist who occupy the building. And since the place is situated on a corner, 300 feet of curb offer plenty of room for patients' autos. This is a particularly desirable feature. Mothers with young children and a big car are shy of the crowded streets that surround most medical office buildings.

The décor inside is as Spanish as the architecture outside. Large squares of battleship linoleum cover the floors and successfully imitate Spanish-type tiling. Great beams cross the reception-room ceiling.

The center of attraction and chief soother of youngsters' impatience is a large tile aquarium, fed by a cheerful little fountain. In it is an interesting variety of goldfish and water plants.

Lighting fixtures and arched doorways are in the Spanish manner as is the color scheme of window casings (red tile) and walls (yellow-tinted rough plaster).

In addition to the physicians' private offices and the waiting room, the ground floor provides eight examining rooms, a treatment room, x-ray and clinical laboratories, two toilets, and a dentist's suite. The basement holds rooms for allergy work, isolation of possibly contagious cases, basal metabolism tests, and photography. Enough space is left over for a heating plant and storage rooms.

Yellow, orchid, and green decorate the examining rooms and their furniture. Designed especially for child patients, the wall panels show scenes of such childhood favorites as the Wizard of Oz, Topply-Tilts, The Barnyard, and The Circus. Infant scales are set well below the level of examining tables as a safety measure. Tightly-fitting shutters make four of the examining rooms suitable for transillumination. Equipment for minor surgery and dressings occupies the slightly larger dimensions of a fifth room.

The building and land cost \$25,-

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000. That figure assumes less forbidding proportions when it is realized that five men occupy the property and carry a proportion-

Above: No patient could call this reception room "a dumping ground for leftovers." The owner has shown the good sense to follow a definite style of decoration. Left: A series of wall panels in one of the children's examining rooms tells the absorbing story of "Topply-Tilts and His Wooden Stilts."

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Your Expenses

FORTY-ONE dollars out of every hundred collected by the average U. S. physician during 1935 had to be earmarked for professional expenses (rent, office salaries, auto upkeep, drugs and supplies, instru-

ments and equipment). This income-expense ratio has undergone little change during the past eight years. Former surveys by MEDICAL ECONOMICS reveal that expenses consumed 39% of gross income in 1930, 38% in 1928.

The average net income of the profession has declined sharply from \$5,806 in 1928 to \$3,792 in 1935. Yet physicians appear to have retrenched in proportion, demonstrating business acumen with which popular opinion seldom credits them.

The fundamental purpose of this article and the charts that accompany it is to enable individual physicians whose expenses are out of line to find out where the trouble lies.

First, there is the basic fact that your expenses should total about 40% of gross income. That's important, but, by itself, not very helpful. More valuable to you are data showing how much you should allot to the various items included in that 40%, in the light of where you're located, how long you've been in practice and whether or not you're a general practitioner or specialist. On such specific information you can base the financial reform that may be indicated in your case.

This material on expenses is actually of more practical value to you than that published on incomes. What you gather here may

Here is the third in a series of articles based on income-and-expense figures submitted to Medical Economics by 4,565 U. S. physicians. As a general guide to what you should spend for the various items of professional overhead it will be found invaluable. Articles on collections and investment in equipment are scheduled to appear in subsequent issues.

be instrumental in increasing your net income, which, after all, is more important than simply finding out that it's lower than average.

It should be borne in mind that the figures in these charts represent averages. Consequently, they allow for a degree of variation. If the difference between what you actually pay for rent and what the tables recommend is about \$50 a year, pay no attention to it. But, if your rent is \$600 and the chart calls for \$450, you may well give serious consideration to what other landlords have to offer. The same caution holds for the other expense items.

Much will be found in the tables that is helpful and of practical value to the reader. In addition, several things of general interest deserve comment.

On an average, the specialist's total expenses top those of the general practitioner by about 47% (striking facts are that his rent is 82% higher; his office salaries, 84% higher). Yet, because his gross income is 66% above that of the man in general practice, the specialist's expenses consume a smaller proportion of each dollar he collects.

Rents climb steadily as communities grow. Big-city G.P.'s have to pay about 40% more than their strictly rural colleagues.

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AVERAGE EXPENSES OF 4,565 U. S. PHYSICIANS IN 1935 (by region, length and kind of practice, and size of community)

	EAST	7					
Years in practice	Less	han 10	10	-20	Morethan		
	Gen.	Spec.	Gen.	Spec.	Gen.	Spec.	
Under 2,500 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	330 441 417 754 288		290 387 442 833 460		233 375 472 1131 219		
2.560 to 10,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	426 423 417 551 328		471 651 550 798 336		443 659 452 731 293		
10,000 to 50,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	494 451 389 426 329		540 599 427 689 221		496 604 412 411 257		
50,000 to 500,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	503 454 379 281 215	737 723 348 263 313	622 688 462 527 245	913 882 481 486 272	578 677 400 459 169	892 1070 492 616 378	
Over 500,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	557 360 413 177 182	777 608 466 190 239	715 569 490 317 221	1054 825 657 388 373	736 630 519 290 239	1055 1015 579 374 277	

NOTE: Since most specialists practice in cities of more than 50,000 population, accurate averages are not available for the smaller communities.

Office salaries hit their high, strangely enough, in cities of 50,-000-500,000, instead of in the largest centers.

The impression that country doctors spend more than city men on auto upkeep must be ploughed under. Actually, the cost varies little with locality.

Annual expenditures for drugs and supplies go up as population goes down. Reason: Rural physicians dispense more.

Generally speaking, expenses are highest during the 10-to-20year period of practice. (This tallies with the income data revealed in June Medical Economics.) The second decade of a physician's career yields his peak income and, it may be assumed, his greatest volume of practice.

Now for a look at the way the expense-wind blows in different parts of the country—East, West, and South. For purposes of this discussion, the South comprises all those states below a line that runs along the top of Virginia, Kentucky, Arkansas, Oklahoma, New Mexico, and Arizona. The East and the West are separated by a line that follows the Mississippi down as far as the line

AVERAGE EXPENSES OF 4,565 U. S. PHYSICIANS IN 1935 (by region, length and kind of practice, and size of community)

Years in practice	Less t	han 10	10	-20	Morethan 2			
	Gen.	Spec.	Gen.	Spec.	Gen.	Spec.		
Under 2,500 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	270 534 425 521 368		252 690 461 647 212		285 526 362 470 252			
2,500 to 10,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	376 646 341 381 540		402 831 545 856 421		348 552 373 518 226			
10,000 to 50,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	511 534 357 381 207		578 950 343 551 317		556 595 358 460 222			
50,000 to 500,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	588 474 317 226 262	645 543 244 173 298	733 713 395 355 388	842 1377 495 508 502	542 521 399 332 158	946 1594 425 401 303		
Over 500,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	435 516 283 225 198	1005 549 698 360 459	693 820 387 243 191	1005 1161 506 325 386	728 596 516 295 215	1086 1181 446 408 313		

NOTE: Since most specialists practice in cities of more than 50,000 population, accurate averages are not available for the smaller communities.

that bounds the South (see map, page 18, May MEDICAL ECONOMICS).

Since real estate is geography of a sort, and since rents go with real estate, figures on rents in the different regions are most significant. The East demands the highest price for office space; the West, quite a bit less; the South, little more than half as much as the East. Expressed in percentages, average rents in the East are 48% higher than in the South and 14% higher than in the West.

The West leads the field, however, when it comes to office salaries. If you plan to move from Atlanta to Seattle, for example, you'd better be prepared to pay an office assistant about 25% more if you are a G.P.; 38% more, if you're a specialist. Perhaps you'd do better by taking your present assistant with you.

Looking at the picture as a whole, the cost of practicing in the South is well below that in the other two regions. It could not be otherwise since there the profession's average gross income is markedly under the level of the other two regions.

[Turn the page]

Physicians fall into two groups: (1) those who keep adequate business records, and (2) those who do not. Regardless of which classification you fit into, this article and its tables are invaluable to you. Here's why:

If your financial data are properly organized, you can match them with the facts presented here. By acting on what you find out, you may be able to improve your next year's net income figure appreciably. It's like this: If your rent is too high, go office hunting. There may be a place around the corner that is just as good but cheaper than your present quarters. By the same token, if your instruments and equipment are costing you less than the

average, take inventory. Maybe you're below par in this respect. It might be well to take a slice of that bonus bond and treat yourself to a new stethoscope, a new sterilizer, or what not.

On the other hand, if you haven't carefully mapped your income and expenses, and are unable to get the full value out of the facts presented here, you at least realize your mistake. After you've rectified it, you can begin building on a solid foundation. You'll always know where you stand financially, and you'll be able to locate those little leaks that so often mean the difference between just getting by and really enjoying life.

AVERAGE EXPENSES OF 4,565 U. S. PHYSICIANS IN 1935 (by region, length and kind of practice, and size of community)

	SOUT	H					
Years in practice	Less	han 10	10	-20	Morethan		
	Gen.	Spec.	Gen.	Spec.	Gen.	Spec.	
Under 2,500 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	252 355 422 409 253		196 442 430 507 122		166 367 370 368 155		
2,500 to 10,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	300 340 381 304 260		260 357 418 235 106		310 518 419 394 191		
10,000 to 50,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	377 547 435 331 370		611 505 402 329 344		385 466 373 343 201		
50,000 to 500,000 population Rent Office salaries Auto upkeep Drugs and supplies Instruments and equipment	499 478 388 294 222	581 558 344 195 232	676 678 437 221 362	910 1095 510 566 444		786 1023 429 594 489	

NOTE: Since most specialists practice in cities of more than 50,000 population, accurate averages are not available for the smaller communities.

There are no cities of more than 500,000 population in the South.

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So They Paid Off the Mortgage

By RAY GILES, Author of "Your Money and Your Life Insurance"

A GENERAL practitioner I know has a \$6,500 mortgage on his home. He plans to retire

it in a few years.

"The only thing that worries me," he remarked in a casual conversation the other day, "is the chance that I may turn up my toes before I'm able to pay off the obligation in full out of earnings. My wife and youngsters would then be left with a nice, fat mortgage hanging over their heads."

"What does it cost you annually to carry the mortgage," I asked, "—the usual 6%?"

"Yes," he told me, "\$390 a

year."

I was rather surprised that this man, well informed on things generally, should be stumped by so elementary a problem. In that I could set him right in a moment, however, I was glad to be of some

help.

"You needn't let that bother you any longer," I replied. "There's a simple way out. All you have to do is to insure the payment of the principal. It doesn't cost much, either. By paying about 7% a year instead of 6% you can guarantee the satisfaction of the mortgage if you're no longer here to take care of it yourself. A term insurance policy of \$6,500 will cost you, net, less than \$65 a year. Add that to your present interest payment of \$390, and you get a total of \$455. For this extra 1% you can have the assurance that your family will own the home free and clear, no matter what happens."

A day or two after this conversation, the doctor took out

some term insurance as suggested. If his mortgage had fifteen years or more to run—which doesn't happen to be the case—ordinary life, instead of term insurance, would have been cheaper still. At the end of that length of time, enough cash could be realized on an ordinary life policy to make its net cost per year lower than the annual premium for a term policy.



Term insurance never builds up an appreciable cash value, and has none when it expires.

If you take out a straight life insurance policy for the purpose of guaranteeing a mortgage and thus protecting your family, there's still another advantage to be considered: In all likelihood, you will live to pay off the mortgage out of income. That being the case, you can then convert the policy into an annuity for yourself and your wife. Thus the policy protects your home and provides for potential retirement income at the same time.



Pulling Together

"INTERPROFESSIONAL cooperation" always makes a fine topic for dull meetings. Like the old saw, "Honesty Is the Best Policy," it is certain to get a big hand from the crowd.

The trouble is, it is merely talked about.

In too many communities—your own, very likely—physicians, dentists, nurses, and pharmacists whose objectives are akin permit sheer indifference and short-sightedness to interfere with their best interests. Legislation advantageous to one group is allowed to be jammed through even though it may prove detrimental to the others. Legislation which would benefit all groups suffers defeat because no one of them alone is strong enough to force its passage.

This lack of teamwork is evidenced in other ways, too. In a certain middle western state, for example, the program of conventions has been such for the past few years that the state medical, pharmaceutical, and dental societies have been meeting in the same town a week apart or in different towns on the same day! At such times, there is an exchange of felicitations by telegram between association officers—and that's all. No attempt is made to meet jointly and discuss the many problems of common interest.

In view of all this, it is gratifying to note several successful attempts recently to bring about closer cooperation. The New Jersey Conference of Allied Medical Professions is one. Its workings are described in this issue (page 59 fl.). There are others also:

In South Dakota, six interrelated professional groups (this state was the first to add veterinarians and hospitals) held a combined meeting in Sioux Falls this year.

from May 4 to May 9. At this gathering, although each association transacted its business independently, an opportunity was afforded delegates of all the groups to hear nationally-known speakers discuss topics of mutual concern.

In Florida, eleven counties have allied health councils whose purpose it is to stimulate concerted action on matters of common interest. Successful political pressure, made possible by such cooperation, has been reported on several occasions.

An interprofessional relationship committee is operat-

ing successfully in Wisconsin.

Reports from these committees are uniformly encouraging. Moreover, they reveal certain similar principles from which other communities can take their cue—for instance:

1. There must be no red tape. This is as dangerous to any attempt as weeds are to a garden.

The program set for the council must be concrete; and it is advisable to take up only one problem at a time.

3. Provision must be made for local units to take care of purely local problems. Unless this is done, the state council will be buried under an avalanche of detail.

4. There must be no attempt on the part of any professional group to dominate the council. The very nature of interprofessional cooperation militates against this.

Change is the essence of our present-day political and economic order. Much of it affects medicine. Every professional group faces, among other things, the danger of regimentation by laymen who fail to understand its economic and ethical problems. Steps against such regimentation and against other subversive influences must be taken by all the groups concerned if they are to be fully effective.

Because cooperation among the professions has always been limited, medical groups have suffered. The present strength of quacks is but one evil traceable directly to mistakes of the past. There are others.

It is not our purpose, however, to talk about these. We have a more important, more cheerful message: The time

has come to pull together! Others are doing it. So can you!

H herdan Baketel

Athletes in Our Midst

WHEN a physician attends to the sprains and bruises of an athlete who has misjudged the height of a hurdle or when he is seen rushing down the football field to bring consciousness to a would-be All-American, that's routine stuff.

But when the physician, himself, appears in the role of star performer—looking much less dignified in his football pants or track shorts—that's news!

While we often associate the physician with nothing more athletic than chess or at best a leisurely game of golf with plenty of pauses between strokes, the doctor has left his mark indelibly on the record books of sport. Research reveals that a national fencing champion, an Olympic runner, the holder of two swimming records, and even a heavy-weight wrestling champion have come from the ranks of physicians!

It makes an interesting story—this invasion of sports by physicians!

Take the case of Dr. R. Tait McKenzie, J. William White Resylvania, who brought to sports an "analytical approach"—the outgrowth, no doubt, of his medical background.

While a student at McGill University. Dr. McKenzie was an ac-

search Professor of Physical Edu-

cation at the University of Penn-

While a student at McGill University, Dr. McKenzie was an active athlete—so active, in fact, as to win the Wicksteed medal for being the best all-around gymnast. But he was interested in more than the gymnasium, the football field, and track practice. He was intrigued by the facial contortions of athletes during competition!

This interest persisted through his college years and later on when he was lecturer on anatomy at McGill. He supplemented his close observation of facial expressions among athletes by intensive study of the physiology of facial muscles in the dissection room.

muscles in the dissection room.

In time, Dr. McKenzie achieved international renown as one of the best sculptors of athletes in action.

His best known works in the field of athletic sculpture are: The Statue of Bill Carr, the Three Punters, Invictus (A Boxer), and his Masks of Expression; Violent Effort, Fatigue, Exhaustion, and Breathlessness.

The second exhibit is Dr. Graeme M. Hammond, professor emeritus of neurology at the New York Postgraduate Medical School and Hospital, who is also president emeritus of the American Olympic Committee.

Dr. Hammond's athletic career dates back to 1877 when, as a student at the Columbia School of Mines, he made track history at the intercollegiate meet. In one afternoon, he ran the quarter mile in 54 seconds and won also the half mile and the mile run!

Nor was his aptitude in sports restricted to the track field. When he was graduated from Columbia





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By JAMES LEWIS

Right: Ralph G. Hills, M.D., 1924 Olympic shot putter and holder of the world's indoor shot-put record. Opposite page: George Kojac, M.D., world's champion backstroke swimmer who captured the 100-meter event at the 1928 Olympic games and is recognized as a possible contender for place on this year's Olympic swimming team.

a year later, Dr. Hammond joined the All-New York Lacrosse Team. From lacrosse and track Dr. Hammond went to fencing. In 1881, while a student at New York University Medical School, he won the National Fencing Championship which he held until 1906, when he retired, undefeated. Also, he held the post of President of the Amateur Fencers League of America until 1926, and represented the United States in the 1912 Olympics.

Nor are the athletic activities of doctors restricted solely to amateur sports. In professional baseball, for instance, we find Dr. John L. Lavan as a member of the St. Louis Cardinals from 1919 to 1924 and as manager of the Kansas City Club of the American Association in 1924 and 1925. Today, Dr. Lavan is Health Commissioner of Grand Rapids, Michigan.

We even find a physician on the wrestling mat—a champion at the time when this was a sport of skill and strength and not sadism and acting ability.

The man, Dr. Benjamin F. Roller, had a long athletic career before he started to wrestle. At De Pauw University, through which he worked his way, he was captain of the football and track



Underwood

teams. Invited to represent the Chicago Athletic Club at a track meet with the New York Athletic Club, he won the discus throw with a mark of one hundred and eight feet. Touring as a member of the All-American Professional Team, he was awarded the Spalding prize for being "the most perfect" football player.

Later, while attending the University of Pennsylvania Medical School, he played professional football, first with the Pittsburgh Athletic Club and later with the Duquesne Team. He graduated from the medical school with honors, receiving the Saunders prize for excellence in gynecology and obstetrics.

After several years in medical practice, Dr. Roller entered the wrestling game. He met and defeated such men as Farmer Burns, Fred Beal, Jess Westergard, Henry Ordeman, and Raoul De Roun, and finally was scheduled to meet the champion, Frank Gotch.

Here he seemed to be stopped. For Gotch defeated him twice in Seattle and again twice in Kansas City. But even in defeat, Roller was interesting "copy." During his fourth and last encounter with Gotch in 1907, Ollie Marsh, Gotch's manager, was stricken with an attack of appendicitis.

Roller took Marsh to the hospital after the match and performed a successful emergency operation on him!

In 1913, Roller became world's champion wrestler by defeating Charlie (Kid) Cutler, whom Gotch designated as his successor. In 1915, Dr. Roller lost the title to Strangler (Ed) Lewis and retired from wrestling. He went back to his practice of medicine and died in 1933 at the age of 57.

But the story of doctors as athletes is, by no means, all ancient history. In the 1920 and the 1924 Olympics we find a young shot putter who was later to be known as Dr. Ralph G. Hills. Dr. Hills, who at present is a practicing physician in Baltimore, Maryland, placed third in his event at the 1924 Olympics, and at Princeton was the holder of the intercollegiate shot put record and the world indoor shot put record. Also, during the football season, he played guard and tackle on the Varsity football team.

Finally, to bring the story of the doctor-athlete to date, we have 26-year-old Dr. George Kojac, still interning at the Morrisania Hospital in New York City but already the holder of the world's 100-meter backstroke swimming record, set at the Olympics in Amsterdam in 1928.

Dr. Kojac, who graduated from the College of Physicians and Surgeons at Columbia University in 1935, still has plans for the future. On February 8, 1936—after being out of competition for five years—he made a sensational comeback by winning the New York Metropolitan A.A.U. dorsal title. And in a statement issued to the writer, Dr. Kojac said that he believes he will make the Olympic team this year.

Sports are not all played on the field. Victories are often made possible in the office of the coach. In this phase of sports the physician also plays an important

When, in 1935, Dr. John W. Bowler retired from the faculty

of Dartmouth College after 36 years of service, the college lost a man whose biography might well be the history of Dartmouth athletics. A graduate of Dartmouth Medical School, he was practically the entire physical education department of that institution during its early days. He brought to it a brand of training which made it world famous in sports. He trained and developed such stars as Arthur Duffey, the first man to run the one-hundred-yard dash in 9 3/5 seconds; Bernie Weafers, double winner in a famous England-



GRAEME M. HAMMOND, M.D.

President Emeritus of the
American Olympic Committee.

America track meet; and Andy Coakley, who later became track coach at Cornell.

In Ohio State University, the years 1916, 1917, and 1920 are still talked about with reverence. For these were the years when the University won the Western Conference Championship in football. And just as revered is the memory of Dr. John W. Wilce who casehed those great teams.

who coached those great teams. Dr. Wilce, himself a star football player at college, recognized material when he saw it. He trained such All-American stars as Chick Harley, Edwin Hess, Gaylor N. Stinchcomb, and Lee Raskowski. In 1928, he resigned his

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position as coach and turned to the practice of medicine. At present he is a member of the Medical Staffs at University, White Cross and Grant Hospitals.

Another famous football coach and previous to that an All-American football star-is Dr. Albert Hayes Sharpe, or, as he is known to millions of sport fans,

"Al" Sharpe.

Considered at the beginning of the century the country's greatest all-around athlete, Dr. Sharpe played half back on the Yale football team. He was a letter man in baseball as well as in the newly invented game of basketball. In later years, Dr. Sharpe coached at Cornell, was athletic director at Yale in 1919-21, and then beathletic director at the Ithaca School of Physical Education. At the present time he is coaching at Washington Univer-sity, St. Louis.

It is significant that the highlypopular game of basketball was invented by a physician, Dr. James Naismith, who today, at the age of 75, is an ardent sports fan. Dr. Naismith, who was a college athlete of note at McGill and on the staff of the Y.M.C.A.



BENJAMIN F. ROLLER, M.D. World's champion heavy-weight wrestler, 1913-1915.

College at Springfield, Mass., started the new game to employ the energies of eighteen prospective Y.M.C.A. secretaries during the interim between football and baseball seasons. The game was first played on a 35'x45' court,

with nine men on a side.

Contemporary with Dr. Naismith is Dr. Joseph E. Raycroft, the current vice-president of the American Olympic Committee, chairman of the department of health and physical education at Princeton University, and president of the State Hospital for the Insane at Trenton, New Jersey. He is a graduate of Rush Medical School, University of Chicago. He competed in track, football, basketball and wrestling; and coached at all three plus gymnastics.

Dr. Malcolm ("Mal") Stevens is another well known coach in present-day athletics. Head football coach at New York University, he can look back on a successful career as star halfback on the Yale Varsity, coach of the Yale freshman team, and finally coach of the Yale Varsity.

Dr. Stevens' career illustrates an important characteristic in physician - athlete, namely, that he tends to achieve recognition in both fields. Dr. Stevens has not only always had a wide practice; but he started alsowith Clarence L. Robbins and Robert Tennant, Jr.—the Yale Journal of Biology and Medicine. His present medical post is that of resident surgeon at the Hospital for Ruptured and Crippled in New York City.

Football, track, baseball, wrestling-almost every sport seems to have had a physician as champion or near-champion. And if a colleague of yours who puffs and wheezes when he has a flight of stairs to climb doesn't impress you as being much of an athlete, don't let it mislead you. He may have a medal for running the 100-yard dash in ten flat pinned to his college diploma in some drawer!

Panel Points

THE English have an inherent sense of economic justice. Everyone pays his way. Everyone, from barmaid to duchess, from lift operator to prime minister, knows what he gets for his money and why.

The Englishman pays a penny or a sixpence for a ride on the subway, according to the distance he goes—not a nickel for either two blocks or the entire length of the city. He buys his theatre program and holds on to it, instead of getting a handful gratis and dropping half of them on the floor. There is little apparent waste.

Chiseling, too, is minimal. The Englishman is brought up on tradition; but it is a sound, sustained, and sustaining tradition. Prior to 1912, if he belonged to the low-wage-earning class, he never paid a doctor's bill! It was customary for him to pay a weekly pittance for medical care to the collector of a doctor, Friendly Society, lodge, or trades union. National health insurance brought little change to him—at least in that respect.

The British Medical Association, representing organized medicine in England, has exerted a profound influence in the shaping of national health insurance. It continues to direct and control medical benefits. Says a leading

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By HILTON SHREVE READ, M. D.

Dr. Read has just returned from England, where he went for the sole purpose of gathering first-hand information about the British health insurance system. While there, he interviewed the chief medical officer of the Ministry of Health, the secretary of the British Medical Association, the controller of one of the largest Approved Societies, 35 physicians, and 200 insured. The material that follows is not intended to be a comprehensive study of panel practice. Rather is it a collection of one man's personal observations. The author is chief of the Jefferson Medical College Hospital Diabetic Clinic, chairman of the Welfare Committee of the New Jersey State Medical Society, and a delegate to the American Medical Association.



B.M.A. official: "We have successfully kept national health insurance out of the arena of politics."

There are 16,000 English physicians in health insurance work today. Over half these, or 65%, are members of the B.M.A., which has a total membership in England of 23,000.

It is true that a considerable number of the physicians who belong to the B.M.A. are ineligible for health insurance work as a result of being in civil service, institutional, military, or consultant practice. Yet the majority of general practitioners have taken on a panel. It is estimated that 75% of private practice is among the dependents of insured persons.

The report of a royal commission in 1928 urged wider scope for national health insurance. Most of its recommendations have been incorporated in the system today. Similar interest in widening the scope of national health insurance is evidenced by organized medicine.

Theoretically, the panel system provides for consultations with Regional Medical Officers. Actual-



HILTON S. READ, M.D.
"Health insurance in England
has been kept out of politics."

ly, they are seldom called by practitioners for that purpose. They were described to me as kindly, retired physicians who act more in the role of pleasant policemen to check on practitioners' records and the status of certificate-holders.

Several consultants I talked with expressed the view that certifying specialists would be just so much wasted effort. The time could be better expended, they declared, in searching to improve the distribution of medical care among the masses. They doubted that the B.M.A. would ever attempt such certification, voicing the belief that specialists are made by the opinion of patients and medical colleagues, not by certificates.

No provision is made for lab-

oratory services under England's health insurance system. Such laboratory procedures as have a public health import are undertaken by municipal laboratories. Otherwise, the practitioner does them himself or sends his clients to the out-patient department of a voluntary hospital.

Hospitalization is mainly in the voluntary hospitals to which most employed persons contribute (often at the rate of a penny per pound of income) and to whose services they thus feel entitled. Some effort is made to rule out ineligibles through the almoner, and to enforce collections from those able to pay; but since no voluntary hospital can sue, success in trying to collect for hospitalization is often feeble. This places the hospital and the staff in an ambiguous position, and is one point of mild discord.

Only a small minority of general practitioners in England belong to the British Practitioners Union—an organization somewhat at odds, it appears, with the British Medical Association, even though its membership includes some B.M.A. members. It is urging more drastic action on behalf of the practitioners, with the hope of greater materialistic return; is registered as a trades union; but apparently has limited influence.

General practitioners with whom I spoke appeared delighted with the national health insurance system. Perhaps the only real distress is in the island and highland districts; but, then, only an islander or a highlander would go there to practice anyway, and he couldn't be induced to work elsewhere.

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section" of Yorkshire, there is some qualified dissatisfaction among the physicians. Long distances frequently have to be covered—sometimes afoot for part of the way, owing to lack of roads—and the practitioners feel that even their adjusted mileage compensation is inadequate.

In the industrial areas the practitioners seem well pleased. Plant physicians have been largely released; so that now, aside from first-aid, employes are the responsibility of the community

doctors.

Breaches by medical men under national health insurance are dealt with severely. I heard tales (from panel physicians) of fines ranging from \$250 to \$2,500* for false issuance of sickness certificates by physicians; while infractions by the insured provoked fines of only 60 cents, which the individual was given six months to pay. This, I was told, is justified on the ground that physicians are supposedly more intelligent and should know better. The issuance of a certificate is, in effect, the issuance of a check for funds of the Approved Societies; and, quite rightly, it is carefully guarded.

The last report of the Ministry of Health was published in August, 1935, covering the period 1934-35. A quotation shows not only the attitude of the minister of health but also the amount of honest effort expended by the doctors. The small number of complaints is especially remarkable when one considers that 16,000,000 insured persons and 16,000

practitioners are involved.

"Regional Medical Officers paid 928 visits in 1934... to doctors whose prescribing appeared to call for explanation; and, as in previous years, in only a small number of cases did this exchange of view fail to enable the Minister either to accept the explanation offered by the doctors or to satisfy himself that relatively minor departures from a reasonable standard of prescribing would not recur...

"The number of cases reported to the Minister under the procedure laid down for determining whether an operation or other service which a doctor has to perform for a patient, or advised the patient to undergo, is or is not within the scope of medical benefit, was 1,152, compared with 990

in the previous year.

"The Local Medical Committee and the Insurance Committee were in agreement that in 36 of these cases the service was, and that in 1,116 cases the service was not, within the scope of medical bene-

"The number of cases in which remuneration was withheld from insurance doctors on account of infringements of their terms of service and the total amounts withheld, were 78 and 626 pounds, 6 shillings, respectively . . . These figures do not include cases in which remuneration was withheld on account of excessive prescrib-

"Fourteen of these cases were cases of negligence . . . Of the other 64 cases, 20 were cases of failure to keep proper medical records, 16 of failure to furnish information required by Regional Medical Officers in connection with the medical examination of insured persons who had been re-

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ferred to them, 15 of infringements of the Medical Certification Rules, 6 of failure to return medical records to the Insurance Committee, and 4 of improper charging of fees to insured persons. There was one case of combined improper charging of fees and irregular certification; one case in which the practitioner left his practice without giving notice of withdrawal to the Insurance Committee, as required by his term

One general practitioner who is fairly typical of the others working under national health insurance may be cited as an example: This man graduated fifteen years ago from a good medical school. He works in a dormi-tory section of East London that boasts a population of 200,000, including 150 practitioners, only one of whom does not have a panel. Since 1933 he has had his brother with him as an assistant. (A partner must have a one-third interest and is allowed 2,500 panel patients; an assistant is allowed only 1.500.) They maintain three offices at the points of a triangle which is a mile long on each side. At one end of the district the practice is 70% private and 30% panel; at the other end, the reverse holds true.

For the first two years after graduation, this physician did what is quite customary among recent graduates in England: He became an assistant to a general man who had a large private and panel practice. For this he received the standard remuneration of \$1,500 a year, plus a heated and lighted apartment, food, and a car or car allowance. Later on, he branched out for himself, and built his own private and panel practice from scratch.

Sometimes a recent graduate can buy a ready-made panel practice. But this, I was told, is a rarity. First of all, he has to find such a practice for sale. Then he has to have the money with which to purchase it. Even after he takes possession, the problem confronts him of retaining his new clientele; for the right of free choice of physician and patient is zealously guarded. True, such right is seldom exercised-certainly no more than in private practice and for the same basic reasons. Nevertheless, the right exists; and the purchaser of a panel practice always runs the risk of waking up to find his patients gone.

It was one practitioner's opinion that a panel of 500 or less constitutes a liability; that it begins to pay only when it rises above the 1,200 mark; and that a panel practice, in England at least, must embrace 2,000 persons to be really lucrative. He pointed out that an income of \$5,000 a year from private practice required a 50% greater outlay for overhead than the same income

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Complete Facts About the Colon

CARCINOMA is the most common tumor of the large bowel. It usually occurs in the rectum (60%), the cecum, or the pelvic colon, although it may be found in the ascending colon and the transverse colon or in the hepatic flexure and the splenic flexure.

Examination of the gastro-intestinal tract with the opaque meal administered by mouth may not show definite indications of this condition. But when the opaque enema is employed, positive information concerning alterations in contour in the tumor area may be obtained. Therefore, the opaque enema always should be made an integral part of the complete routine examination of the gastro-intestinal tract.

Other conditions of the colon that may be disclosed radiographically are: chronic ulcerative or mucous colitis, amebic dysentery, tuberculosis, polypi, diverticula, volvulus, obstructions, anomalies, stasis. Diagnosis of gastro-intestinal involvement cannot be considered complete unless a comprehensive examination has been made by a radiologist.

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from a panel. A basic reason for this is the custom of prescribing for panel patients and dispensing for private patients.

There is no limitation on prescribing by the panel physician, except that he must be prepared to justify his prescriptions. To keep the cost of prescriptions at a minimum and to save the physician's time, the British Medical Association has issued a National Formulary for National Health Insurance Purposes. It contains 336 prescriptions, covering a wide range of diseases and remedies. The physician need write only the official title when prescribing any one of them. He is not limited to this formulary, however; and can prescribe any remedy he desires as long as he is prepared to justify it.

Most busy physicians retain a dispenser at three pounds a week. Dispensers are analagous to our qualified assistant pharmacists, and have existed as one of the oldest guilds in England.

London is now witnessing an experiment in the medical care of the indigent. In a certain dormitory neighborhood the medical care of unemployed persons is paid for at a rate of \$4 a year, as compared with the usual capitation fee of \$2.25 a year under national health insurance. This higher fee is justified on the grounds that when the physician is required to see an unemployed patient, the latter is already sick and may require a considerable amount of attention.

The indigent in England used to be the responsibility of the parish doctor, a salaried, fulltime medical man whose position dated back to the year 1500. With the recent modernization of the poor laws, however, most indigents are now the charges of the Public Assistance Authorities. Hence, their medical care is largely one of local administration.

Apparently, it is no longer a slur on a man's reputation to take over a panel. General practitioners are virtually compelled to do panel work in order to protect their private practices. The reason why is easily understood: As the children of private patients leave school and go to work, they become panel patients. Rather than have a division of medical care in the family, the doctor takes on a panel, thus preserving his friend-counselor-physician relationship with the entire family. Of the 80 physicians in one community I covered, only ten do not have a panel; in another district embracing 150 physicians, only one lacks a panel.

Panel patients are said to be considerate and appreciative. Most of them, I was told, ask for

jolly little."

Unnecessary house calls are the exception.

It is true, on the other hand, that there are excesses in office visits. This is accounted for by the Englishman's traditional love for a bottle of medicine.

A successful physician whom I interviewed in London made the point that during the past year he had seen 998 out of his 1,900 panel patients. Another one informed me that he averages 100 patients a day-70 in and 30 out. Yet the panel patients, he said, get as good attention as the private ones. This assertion was repeated during many of the inter-



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As a Doctor

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One Tampax will absorb from 1 to 2 ounces of flow. This can be graphi-

cally demonstrated by placing a Tampax in a glass containing 2 or 3 ounces of water. Because it is folded before compression, Tampax fits softly and snugly in the vagina and, as it begins to absorb and gently unfold, it has a tendency to anchor itself adjacent to and with the folds of the vagina. Yet it can be removed at will in less than a second by its attached cord.

Tampax minimizes odor, because the menstrual flow is not allowed to come in contact with air. It eliminates the use of belts, pins or pads with their possibility of chafing and discomfort. Tampax contains no paper and its method of construction prevents detachment of fragments. It is so compact that a month's supply for the average woman comes in a small purse-size package.

Tampax is recommended for all cases of normal menstruation, exceptions being those cases of intact hymen where insertion might cause damage.



Free to Physicians

We will be glad to send to interested physicians a fullsize package of Tampax together with a folder giving more complete details. Simply address Tampax Incorporated, Dept. ME1, New Brunswick, N. I. views I had with clerks, tramdrivers, ticket-collectors, ushers, and the like. After all, they told me, a panel patient may have a number of dependents or relatives who are private patients. No practitioner could slight one and favor the other and expect to survive.

The physician I mentioned last keeps office hours from 9:30 to 11:30 in the morning and from 6:00 to 8:30 in the evening. He makes house and hospital visits, ordinarily, until 9:30 in the morning, and from noon until 3:00. Lunch is eaten at 3:00, after which he is free until 5:00, when he sees private patients on special appointment at double the usual free

The customary fee in this particular neighborhood is 60 cents for office calls and from 87 cents to \$1.25 for house visits. The doctor in question does considerable maternity work, and gets \$30 for each case. As physician to the post office he also gets a salary and small lucrative favors. Insurance examinations pay \$5.25 each.

A point paramount in the ethics of all panel practitioners is not to charge a panel patient in any way. Nuisances among such patients are gotten rid of just as in

private practice.

Among those who do panel work, it is customary to relieve one another over week-ends and holidays. When a panel physician is to be absent for more than a week, he must notify the Insur-

ance Committee. In such cases a deputy takes over the panel and is paid (at the expense of the absent practitioner) the accepted rate of 50 cents per office visit and 75 cents per home visit.

If a patient wishes to change

If a patient wishes to change physicians at once he must obtain the doctor's permission. Otherwise, a month's notice is required before the beginning of the next quarter. The morning I interviewed one practitioner, he had notices of withdrawal from his panel for the following reasons: loss of employment, death, suspended from benefit, moved from district, joined the army, and exceeded the maximum 250-pound yearly income.

Transients may join the panel of a physician where they are visiting. In such cases the temporary practitioner gets half the yearly capitation fee for three

months' work or less.

In judging the adaptability of England's health insurance system to the United States, four factors should be kept constantly in mind:

1. In England the recipients of the care are 100% British

2. Chiseling is a little-known art there.

Health insurance in England has been kept out of politics.

4. The English low-wage earner does not have a radio, automobile, or washing machine; instead, he has a garden of flowers and lace curtains with colorful overdraperies at the windows.

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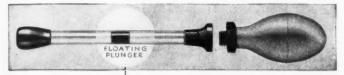
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These Hospital Directors Got Results!

By WILLIAM ROWLAND DAVIES, M.D.

PHYSICIANS are too inept and too dishonest to be allowed representation on hospital boards. They covet such positions as a means of garnering personal publicity. And they don't hesitate to utilize the connection to promote themselves in other ways.

That's what some factions seem to believe. Although I have yet to see concrete proof of it. To impute all the sins of im-

To impute all the sins of improper action to physicians on hospital boards is to overlook the iniquities of the lay members. As the little colored boy retorted after he had been upbraided roundly and long by a bigger boy: "All what you says I is, you is."

However, backbiting gets us nowhere. Proof is what counts. And I have enough of it to indicate conclusively the value of cooperative hospital management under which laymen and physicians determine jointly the institutional policies to be followed.

Exhibit A is the West Side Hospital in Scranton, Pennsylvania. This institution has been in operation for about forty years as a general hospital. It began with a board of directors composed of 25 respectable citizens.

At first, there were always two physicians at least on the board. But as time went on, its membership became exclusively lay. This situation persisted for about fifteen years, during which there were no physicians on the board whatever.

Under this régime, things went badly. An inventory of the institution showed a hospital building that was too small, a nurses' home that was too large (bur-

dened by a long-term, unreduced debt of \$55,000), a well-conducted nurses' training school, no correctly established hospital partment, and an unorganized staff. The institution was financed by grants from the state legislature, deficits being absorbed by its internal earning capacity and by the community chest. It could not reduce its debt. It was treated with a degree of dislike and suspicion by local people. The board of directors served perfunctorily, and the hospital initiated little on its own volition. The most it did was to work with enthusiasm on any project which it had agreed to

Came a renaissance eventually. At the doctors' suggestion, the board of directors transacted the best piece of business in its career. It asked the staff to organize and elect five of their number to replace five laymen who had lost interest and given up membership on the board.

Once the die was cast, things moved swiftly: The staff was

Ten reasons why staff physicians should not be appointed to the governing boards of hospitals were enumerated in the March issue by Dr. Malcolm T. MacEachern, associate director of the American College of Surgeons. Here Dr. Davies gives the other side of the story.



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welded together and augmented. A new, modernly-equipped operating room made its appearance. The laboratory shook a coating of accumulated dust off some good equipment, and went into steady A new x-ray plant operation. with light therapy was purchased The only oxygen-therapy department for hospital or home use, short of New York or Philadelphia, was organized. Resident physicians were employed. The office set-up was entirely re-An efficient financialvamped. rating department was inaugur-Electro-cardiographic and ated. basal metabolic studies with extensive laboratory research became commonplace procedures.

Not one of these improvements had ever been suggested by the lay members of the board of directors! They were brought about entirely by the physicians who had been appointed to the board.

Today the West Side Hospital is the most extensively used institution of its kind in the eastern part of the United States, based on the percentage of usage of normal capacity. It is conducted in accordance with established business principles. and shows an annual net from earnings alone amounting to several thousand dollars in excess of the regular budget allowances that used to be made each year for total operation. Its vital statistics compare more than favorably with those of the best similar but bigger institutions in the country.

Most important of all, these results were accomplished by the ordinary type of physicians who can be found in a thousand similar localities. And they were accomplished without any attendant complaints of unfair dealing from the various groups and individuals involved.

The axis around which the work of any hospital revolves is its board of directors. To insure frictionless operation, the membership must be composed of both laymen and physicians.



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he booklet shown above has been prepared with the help of leading allergists and dietitians to help your patients follow accurately the dietary regime which you prescribe. In this booklet are complete lists of allowed and forbidden foods as well as interesting suggestions for patients sensitive to wheat, milk, eggs or a combination

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RRA Contemplates State Medicine

NORTH Dakota, long known for its socialistic leanings, has been serving as a proving ground for an experiment which last month came close to establishing a foothold for state medicine in

the U.S.

Known as the Mutual Aid Corporation of McKenzie County, the experiment is alleged to have supporters by the thousands. Its sponsors are busily organizing other North Dakota counties with the intention of creating additional units like the Mutual Aid Corporation if the latter rallies from its setback and finally ma-

terializes.

The McKenzie County project, its pious name to the contrary, is a thorough-going bit of state medicine. First of all, it seeks federal funds to establish a hospital. Then it wants federal relief checks, issued by the Rural Resettlement Administration, to be increased to cover a \$1 membership fee and \$6 annual dues to the Mutual Aid Corporation. Members would receive a free medical examination each year, hospitalization at \$1 a day, minor operations for \$9, major operations for \$18, and confinement care for \$10. Three salaried physicians would provide medical attention.

The man whose precipitate action checked the launching of the plan is Frank Mullaney, resettlement supervisor in McKenzie County. His remarks in bulletins to resettlement clients implied that unless the person on relief signed up with the Mutual Aid Corporation he would receive no

more government money.

It was Dr. H. M. Owenson, of Arnegard, McKenzie County, who, by paying for newspaper space to expose Mullaney's tactics, put a crimp in the project. The news reached Washington and authorities there refused to grant the \$25,000 loan that had been requested to subsidize the Watford City hospital, an essential part of the plan.

But Washington has not turned its back entirely. It is waiting the results of a thorough investigation of the situation, after which it will listen to re-submitted plans from which certain features described as "unworkable" and "doubtful" have been deleted.

The state medical association has taken no concerted action. Those of its officers interviewed stated their belief that the scheme should be tested to settle the question of whether or not state medicine is workable in North Dakota.

The McKenzie County development is the second to demonstrate that the farmers of the West are being organized and promoted into a move toward state medicine. The other one cropped up recently in Elk City, Oklahoma, and prompted the A.M.A. house of delegates to request an investigation of the "general policies of the federal government" (June MEDI-CAL ECONOMICS, page 126). In Elk City, it is reported, the Rural Resettlement Administration is angling for federal funds to bolster the Farmer's Union Cooperative Hospital, an institution that functions contrary to A.M.A. principles.

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"Florence Nightingale" joins "the greatest show on earth."

The First Traveling Circus Hospital

By HUGH GRANT ROWELL, M.D.

FOR years, circus doctors have been handicapped by the same situation in which the general practitioner often finds himself. A patient needs hospital service but must get along without it or else be treated far from his own community.

Even to the enormous Ringling Brothers-Barnum & Bailey combine the loss of needed personnel and the expense of returning long distances to the caravan have proved burdensome. Often it has been necessary to leave behind all but the mildly sick or injured, in whatever community hospitalization could be obtained.

This year, however, the "greatest show on earth" boasts a new traveling hospital!

Last winter an excellent allsteel car was obtained, and the inside completely stripped. Then, in the show's own shops at Sarasota, Florida, a hospital was built, the plans being developed and the building supervised by none other than Samuel Gumpertz, the general manager of the show.

This first circus hospital car, appropriately named the Florence Nightingale, travels wherever the show goes. In the few weeks used, it has already proved itself a first-rate investment.

Of standard Pullman length (slightly over seventy feet), the car contains three wards of two, three, and three beds, respectively. In addition, there is the doctor's stateroom, kitchen, nurse's apartment, and a small but well-equipped operating and treatment room.

Beds are of the modern hospital type. Each patient has an individual locker, chart board, and push button. Curtains make privacy possible for any patient. The decorative scheme is aluminum gray with curtains of royal purple.

About 450 gallons of fresh water are carried in overhead

tanks. Washbasins, shower bath, and flush toilet (permitting sterilization of outflow) complete the

sanitary equipment.

Professionally, the car is under Dr. Joseph Bergin, the medical director. He is assisted by Head Nurse Jones and Dietician Housen. Dr. Bergin was a general practitioner for seven years in Detroit following internship at the Detroit Receiving Hospital. He graduated from what is now Wayne University Medical School (ex Detroit College of Medicine and Surgery).

General supervision of the car is under famous Joe Dan Miller, boss porter for nearly half a century. The Florence Nightingale is part of the fourth or per-

formers' train.

But this is not all.

Orderly Joseph McCarthy, valued aide of pioneer Dr. William Shields and his successors, travels on section two with the office tents. These he strikes about 9 P.M. and sets up on the lot in the morning, ready for the doctor's arrival.

The medical tent measures about 12'x18', the waiting room canopy being 12'x12' and the

treatment room 6'x12'. The latter is ample in size for the well-supplied instrument table, cot, chairs, and the special trunks used for supplies.

Under Dr. Bergin, the circus provides a well-rounded medical service which embraces the following: (1) examination of new employes to eliminate the unfit, special watchfulness for heart trouble, hernias, and contagious diseases; (2) a thorough preventive program, consisting of routine immunizations against smallpox and typhoid, sanitary measures of the Army type, and even a sterilizing dishwasher mounted on a wagon; (3) first-aid and actual medical treatment for employed personnel; (4) service to accident cases among the 20,000-30,000 visitors to the show daily, some of whom, for monetary gain, repeat the old injury rackets; and (5) hospitalization in the Florence Nightingale.

Even with the hospital car, a

Even with the hospital car, a few cases can not be handled satisfactorily. These are generally deposited in local hospitals. Cucasional contagious disease pa-

Photos courtesy Bingling Bros. Barnum & Bailey

The waiting room of the office tent. Orderly McCarthy conducts a patient into the treatment room at the rear.



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Part of the operating room with its table and infra-red lamp. Door leads to doctor's stateroom. Behind curtain on left is the first ward.

tients always have to be left in quarantine, of course.

Since the traveling hospital is new, costs and how to meet them, in terms of the augmented service, are still subject to experiment. The situation resembles the familiar community plans where a small hospital has been built and a doctor sought and underwritten to guarantee high-grade and immediately available medical service. Nor is the expense probably very different.

Among the employes served, accidents constitute, perhaps, the greatest source of trouble, plus various respiratory diseases when the weather is changeable and inclement. Because circus folk mix comparatively little with the various communities they visit, because positive prophylactic measures are applied in smallpox and typhoid, and because, furthermore, employes are examined on first appearance, contagious cases are rare.

Here, then, is a pretty complete and absolutely unique medical service for a community of 1,500 persons (a good-sized village), which each day must unload, build itself, put in a long day's work, tear down, and reload, from mid-April to mid-November, covering some 15,000 miles in jumps of as long as 250 miles.

The physician serves, essentially, as a family doctor, with his own eight-bed hospital. His professional brethren may indeed sigh with envy at the thought of him when "the greatest show on earth" brings to their communities its "incomparable equestrians, its amazing gymnasts, its hurricanes of hilarity, its startling presentations of aerial thrillers" and other wonders for which Roland Butler, press representative, spends his entire winter in sunny Sarasota trying to devise new and intriguing terms.



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cosa against osmotic irritation, as Fantus points out, is a most important function of the stomach. This, he explains, is accomplished by retaining solutions until the molecular concentration corresponds to a freezing point (△) approximating 0.38. (Fantus, B., Technic of Medication, A. M. A.,

Practical application of the principle is seen in the facility with which certain mineral waters approximating this freezing point are borne by the stomach, thus accounting, in part, for their world-wide fame.

Sal Hepatica, administered in advised dilution, closely approximates this freezing point (\Delta) of 0.38. Its action is similar to the natural mineral waters of certain famous medicinal springs and it is palatably effervescent.

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Cementing the Professions

HOW NEW JERSEY'S DOCTORS, DENTISTS, NURSES, AND DRUGGISTS WORK TOGETHER . By STANLEY NICHOLS, M.D.

CONFERENCE," says the A "frank" dictionary (yet to be written!), "is a three-hour-

and-up waste of time."

Many a cartoonist at a loss for a new idea has been able to pay his rent with drawings lampooning the conference. And far too frequently, so-called "community conferences"-intended to secure some vague form of "cooperation" between allied medical groups-have lived down to the standard for conferences.

But now there is a rara avis: a conference which meets only when there is some business to attend to and which does that with dispatch. It is the Conference of Allied Medical Professions -medicine, dentistry, pharmacy, and nursing. Its habitat is New Jersey. And in the two years of its existence it has provided specific proof that it pays for medical groups to "pull together"! For example, the Conference maintains a unified attitude against unethical and blatant ad-

vertising. The Dental Anti-Advertising bill passed by the New Jersey legislature last year was endorsed by the Conference.

Satisfactory working agree-ments between each of the allied groups and the E.R.A. were completed through the Conference, these agreements for necessary services and supplies being discussed at the Conference upon a basis of efficiency and fairness to all the member groups.

The Conference also renders a preventive service. Frank discussion among the members has long-winded minutes.

helped groups whose interests definitely coincide from working at cross purposes.

The idea of the Conference was hatched rather accidentally. At a meeting of the Medical Society of New Jersey some time ago, our discussion centered on a proposal that we form a community council on which all local agencies would be represented.

The discussion was peppery. Most of us had had distressing experiences with such conferences; and the concensus of opinion seemed to be that most of them involved too much gab, too little action, and too many well-meaning but hampering members.

Yet, everyone admitted, there could be no doubt that a need for cooperation among the medical professional groups did exist. Doctors, dentists, nurses, pharmacists must have an opportunity to talk over the interests which all have in common and to present a united front on mutually vital questions.

Several specific suggestions were made in the course of the discussion:

That a conference must be small enough to be wieldy and be free from interested but inexperienced volunteers.

That it must represent only those groups which have aims definitely in common with each other.

That there must be no accumulation of red tape and piling up of unsettled issues merely for the purpose of impressive agenda and That there must be similar conferences in the counties to take care of purely local matters.

That there must not be the slightest hint of banquet-giving or any other social-club tinsel.

On these terms, it was agreed, a conference could be run that would really bring the term back into repute!

So the idea was born. It grew simply and logically. Letters outlining the proposed scheme were mailed by the Medical Society of New Jersey to the New Jersey Dental Society, the New Jersey Pharmaceutical Association and the New Jersey State Nurses' Association. These societies expressed their enthusiasm for such an organization and soon sent their representatives to start the machinery going.

The Conference, we believe, is working well. It is not perfect, of course. But it is, nevertheless, a step in the right direction. And since the need of pulling together is steadily becoming more apparent, we believe that every physician should be interested in what we are doing and how we are doing it.

The purpose of the Conference—as stated in the By-laws—is "to provide a medium for discussing

and taking concerted action on matters of common interest to the licensed physicians, dentists, pharmacists, and nurses of the State of New Jersey."

There are only twelve members three from each of the four professional societies. The reason why these four groups alone have been asked to join is that each of them has a real contribution to make to the common aim. All four have interests which coincide in important respects. The entire membership is interested, for instance, in perpetuating free choice by the patient, in opposing legislation which might lower the quality of the services they are able to offer, in preserving the independent status of licensing and examining boards.

The representatives to the Conference are chosen by each society on the basis of their experience in both social and medical work.

The twelve representatives do not—and can not—obligate their organizations either to support or to oppose any proposal which may be reached at the Conference. They are simply middlemen, as it were. They bring to the Conference the concensus of opinion and prevailing ideas of their own professional groups, and refer the decision of the Conference the concensus of their own professional groups.

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outfit for you or any of your patients who are out-of-door men.

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How much menthol is needed to cool cigarette smoke?

The makers of the Spud cigarette have held from the beginning that menthol has only one proper use as a treatment for tobacco. It should not be considered as conferring, in itself, any benefit on the smoker. And it has no particular point as a flavoring—most smoker like their tobacco to taste as natural as possible. Properly used, menthol has only the purpose of reducing the temperature of the smoke.

When smoke is drawn back from the lighted end of the cigarette through the unburned strands of tobacco, these unburned strands, being relatively cool, act as a condenser and withhold from the mouth a good share of the aldehydes and other irritants produced by combustion. If the temperature of the unburned strands can be lowered a bit more, the condensation is very much greater—with the result that a much smaller quantity of irritants is inhaled.

It is for this purpose that Spud uses a small quantity of menthol, applied by a special process. This amount of menthol is so small as to be relatively unnoticeable when you smell a freshly-opened package of Spuds.

No greater amount of menthol is needed for the purpose of filtering out irritants—and the Spud brand is distinctive in not using so much menthol as to obscure the natural taste and fragrance of the tobacco.

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ference to their group for action.

The attitude of the Conference on any subject is determined by voting. Each society holding membership in the Conference has one vote; and on all matters demanding concerted action by the allied professions, the vote must be unanimous. One dissenting vote is sufficient to indicate to the members of the Conference that the question at issue is controversial and cannot receive united support.

If the opinion on a given proposal is not unanimous, the only statement made public is that the Conference has taken no action. This allows perfect freedom to any member group to support or oppose a matter which it may consider vital to its own professional

advancement.

If the vote is unanimous, however, the representatives go back to their respective organizations with a statement of the points of agreement in the Conference. The follow-up in instituting the agreed upon program rests with the individual professional groups.

The representatives elect the officers for the Conference. In this, as in any other phase of the Conference work, there is no domination by any single profession.

At present we have a dentist as president, a nurse as vice-president, and myself as secretarytreasurer.

There are no standing committees. All committees are appointed by the president from the membership, and only as needed. Thus, if we are to consider ways and means of acquainting the public with an urgent problem involving medical services in their broadest sense, a special committee will be appointed to draw a tentative plan to serve as a basis for discussion at the next meeting. At that meeting the committee is automatically dismissed and the whole membership of the Conference takes up the problem. If the tentative plan can be accepted, or can be accepted with changes, the report of the Conference on this point is sent to the four professional societies for action.

Meetings of the Conference are held three or four times a year, but the only fixed one is the annual one which takes place at the medical society's headquarters in Trenton during the second week of December. At other times the Conference meets at the call of the president, although any member organization of the Conference may request a meeting.

At these meetings there is little formality or parliamentary

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Choice of two leathers

A FULL size, 16-inch bag that opens full length and full width, providing easy access to interior. It has a pocket for blood pressure instrument, instrument loops, bottle straps and inside pocket. Handles are specially shaped to fit the hand for easy carrying. Interlined with real leather. The fittings and lock are chromium plated and adjustable to three positions.

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ORE AND MORE doctors M throughout the country are recommending "Dole"-the original pineapple juice from Hawaii-to their patients.

Dole Pineapple Inice has received the Seal of Acceptance of the American Medical Association's Committee on Foods.

It is the pure, natural juice of selected pineapples, with no added sugar, no preservatives. The exclusive Dole Fast-Seal Vacuum-Packing Process retains to a high degree those important fresh-fruit constituents which are so valuable during the hot weather months, and this tangy, tropical juice is a natural source of vitamins A, B, and C.

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Titratable	aci	idi	ty :	as :	cit	ric	ac	id	0.9	90
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(by diffe							-		0.38	80%



THE HULA DANCER-To the Hawaiian the hula meant much. Besides its entertainment value, it had a religious

its entertainment value, it had a religious significance and there were royal schools where it was taught. There were elaborate costumes of tapa, or of strips of the bark of the han or it leaf.

The bands of the hula dancer keep perfect thythm with the movements of the body. There are many beautiful bula gestures and steps for the different dances, practiced today not only by expert performers but by Island socialites and sojourners.

If you will write us on your letterhead we shall be glad to send you a free 1936, H. P. Co., Ltd. sample can of Dole Hawaiian Pineapple Juice.

piffle. A meeting is more in the nature of an old-time, round-table discussion. There is congeniality and a fine spirit of cooperation. No one group tries to force its own interests; and since there is welcome frankness among the members, there isn't much waste of time. Decisions are reached fairly promptly; then we put on

our hats and go home.

There is a holy aversion toward red tape among all the members. Therefore, it is an unwritten law that we take up only one matter at a time, discuss it only if it affects all the groups, and never leave it unsettled. We make it a point always to reach a decision on the question at issue. This is especially true of legislation. If only one or two groups are concerned in some specific bill, the subject is eliminated from the Conference.

In order to facilitate the work and to increase its effectiveness, a Conference similar to the statewide group is organized in each county. These local Conferences also have three representatives apiece from each of the professional groups; and are, as a matter of fact, organized through the county units of the medical, dental, pharmaceutical, and nursing

associations.

The County Conferences have proved helpful in two ways:

First, they save the state Conference from being swamped with purely local matters. The local Conferences deal with problems of a county-wide or local nature which all four groups have some interest in discussing. Among

such local matters are questions of claimed impurity of drugs, overwork of nurses, advertising, etc. County Conferences pass on to the state Conference those matters which they think are of sufficiently wide significance.

Second, the state Conference finds the County Conferences in-dispensable in contacting legislators in their own counties and in conveying to them the approval or disapproval of the four professional groups in regard to pending legislation.

Each of the County Conferences, of course, elects its own officers and holds its meetings in the county headquarters of one of the four member groups.

The expenses of the Conferences

ence-both state and local-are insignificant. Each member organization appropriates \$25 a year for postage, telephone, mimeographing, printing, and similar incidental expenses. This amount is augmented if a deficit occurs. As it is, we have always been able to keep within the \$100 a year budget, since we have no rent expense and since we can always get from one of the member organizations the necessary stenographic help for keeping minutes, sending out notices, etc.

Since most of the Conference members are busy men and women, the problem of time which has to be devoted to this work becomes important. Fortunately, it has been found that if the scope of the Conference activity be limited through the methods described above, there need be no heavy demands on anyone's time.

[Turn the page]



Saline-alkaline prophylactic in powder form, does not deteriorate, Quickly soluble. Indicated for the cleansing of all mucous membranes. Non-poisonous, non-corrosive, safe and effective for variancleansing. Described by physicians as "the cleanest and most acceptable preparation in its field." Soothing and healing for burns and skin irritations and for nose and throat.

For samples, sufficient to make 8 qts. MU-COL solution, return coupon with card or letterhead.

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1	Please send sample	Name						, M.D.
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GASTRIC HYPERACIDITY TREATED BY COLLOIDAL ADSORPTION



The Newer, More Rational Method of Removing Acid Excess

Objections to Chemical Neutralization

- 1. Peptic digestion may be hindered or prevented.
- 2. Intensive alkaline treatment may lead to alkalosis.
- A secondary and more pronounced rise of acidity may follow administration.

Advantages of Colloidal Adsorption

Alucol, an allotropic form of aluminum hydroxide, takes up acid excess chiefly by colloidal adsorption—a physical, not a chemical, process. Offers these advantages:

- No interference with digestion—Alucol takes up excess acid, leaving sufficiency for continuance of peptic digestion.
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- 3. Does not cause a secondary rise of acidity.

Convince yourself of these advantages by making a clinical test of Alucol. Use this coupon.

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	(Colloidal Hydroxide of Aluminum	n)
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180 N. Michigan	Ave., Chicago, Ill.	
Please send m	ne without obligation, a container of ALUC heck which required:	OL for clinical test,
	☐ Tablets or ☐ Powder	
Dr		
Address	City	State

Several meetings a year-none

very long-suffice.

Nor does such limitation of the Conference's scope make its work narrow and ineffectual. It has been our experience that the member societies value the suggestions of the Conference and are quick to learn that concerted pressure can be extremely effective both in bringing about the passage of desirable laws and in combatting undesirable ones.

Moreover, we have a great deal of confidence in the value of the Conference in the future. This value may be preventive, as in the following hypothetical case:

The nursing group feels that a Division of Nursing Service in the State Department of Health is desirable. But in the discussion at the Conference meeting the following points are made: The departments of health are based on the idea of a division of function rather than personnel. In each functional division, the personnel should be such as would best carry on that function. In each functional division there is need for cooperation among the four groups. Thus, the dentist finds local conditions in the mouth which have general systemic underlying causes. The latter are referred to the physician, while he treats the local manifestations. The pharmacist prepares medicines according to the prescriptions of each group. The nurse assists skilfully in both modes of treatment. Thus, a Division of Child Hygiene, or Venereal Disease Control, or Local Administration, or Laboratory Service, or Sanitation is much more advisable than a division according to professions or personnel.

Under these circumstances, the

Conference would refuse to support such a proposal for a personnel division. And, very likely, the nursing group—although it has the power, of course—would not press its own demands for legislation.

Or the value of the Conference may be positive, as in the follow-

ing case:

The federal Social Security program is important to every one of the four member groups in the Conference. Child health problems will require the services of physicians, dentists, pharmacists, and nurses. So will expectant mothers, for whose care the Social Security program especially provides. Obviously, the four professional groups working in harmony can secure from this program greater benefits for the public and for themselves than if they were working if not against each other then certainly only for themselves.

The Conference, providing an opportunity for discussion and concerted action, is expected to play an important role in working out the Social Security program locally. Tentative proposals developed by each member graup will be considered at our next

meeting.

We believe we have something worthwhile in our Conference—not because of any magic or any special intelligence on our part, but because such a group fosters confidence and teamwork among the professional groups it represents.

And since such a Conference does avoid many misunderstandings and antagonisms, isn't it worth a trial elsewhere—in your

community?

FOR THE INJECTION TREATMENT of HERNIA



Stimulates proliferation of firm, fibrous connective and obturant tissues for effectively closing the hernial lesions. Cost is \$5.00 for 50 c.c. insoluble glass bottle with rubber diaphragm stopper.

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(Chondrus Emulsion')

The emulsification of mineral oil with Irish Moss (Chondrus Crispus) results in a tough film around each oil globule, and prevents breakdown in the alimentary tract.

Thus, complete admixture with the fecal mass is obtained, giving a soft, moist, bulky stool.

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is especially useful during the summer when physicians are constantly called to treat injuries resulting from outdoor activities. Mercurochrome is non-irritating and exerts bactericidal and bacteriostatic action in wounds; it has a background of fifteen years' clinical application.



After a thorough investigation of the evidence for and against at the close of the last period of acceptance, the Council on Pharmacy and Chemistry of the American Medical Association has again reaccepted Mercurochrome (N.N.R. 1935)

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BALTIMORE, MARYLAND

When and How to Sue

By LOUIS J. GELBER, M.D., LL.B.

THE phone in Dr. Martin's office jangled stridently. "Say," bellowed the voice on

"Say," bellowed the voice on the other end of the wire, "I've just received your letter about that old bill. Dr. Anderson has been treating my family for nearly two years now, and I find his bills plenty large enough when they come along without worrying about the \$50 I owe you. So don't waste any more stamps on me. I'm just not going to pay!"

An angry look crossed the doctor's face as he replaced the receiver. After all, he was no Shylock, demanding his pound of flesh from the pinched purses of his patients. On the contrary, he was accustomed, as most of us are, to slicing his fees rather drastically where conditions warranted it.

Yet this patient was financially sound, with a growing business that netted far more than Dr. Martin ever earned. He could pay easily; but he happened to know the physician's aversion to court procedure, even in a case that fairly shrieked for legal action.

The question of whether or not to sue must be decided individually. Many considerations have to be weighed. The size of the debt, for instance, goes a long way toward determining the worthwhileness of legal action. To many practitioners working in lean neighborhoods, \$25 is a sizable sum. To others, this amount is not worth the annoyance of collection through the courts. However, a debt of \$50 should not be allowed to run on indefinitely by the average physician. The possibilities are that through neglect it will be outlawed when the patient is quite able to pay.

Another major factor in determining the advisability of legal action is the influence the patient wields in his community. Obviously, if during the time you treated him, he had referred a number of other patients to you, more financial harm might accrue to your practice through drastic action than would through writing off the debt.

It must be remembered that the physician is always a "good

Ewing Galloway



A docketed judgment will give you the power to collect by garnishee.

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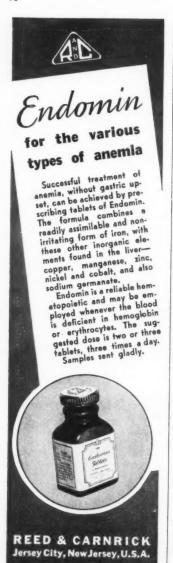
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doctor" when the patient is responding to treatment and the bill is a hazy outline on the horizon. Let him attempt to collect, however, and it is often a different story. Immediately panegyries change to brickbats, and the physician becomes at best a "poor doctor"—sometimes even a "quaek."

Aside from the complaints such debt dodgers voice around town, there is no publicity attached to an actual lawsuit. Court schedules generally are so crowded with similar actions that they have long since lost their value as news.

Where an amount is large, the patient may, of course, file a counter-suit charging malpractice. This is a favorite method of fighting a claim for money which the defendant thought was going to remain in his bank balance.

Yet such an attempt at venting spite would not deter me from entering a fair and just claim after every diplomatic means at my command had been exhausted. Most back-biting malpractice suits are groundless. They seldom succeed in deceiving a fair-minded court.

What's more, counter suits for malpractice can often be prevented in the first place, owing to the difference in laws of limitation governing debt and negligence actions. No claim for damages due to negligence can be brought into court if two years or more have elapsed since the treatment was suspended. Therefore, where the temperament of a patient is such that he would take any means in his power to defeat payment of a just debt, the suit may be deferred until after the time limit for malpractice has expired.

In most states, legal action upon debts may be started up to six years after the debt was contracted. This certainly allows ample time to avoid a malpractice counter-action. After six years, however, an obligation is

outlawed unless it has been renewed within that time.

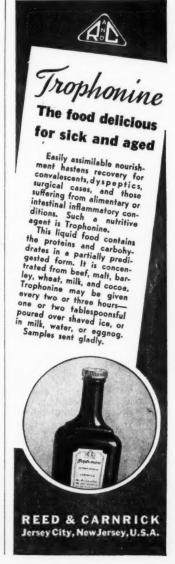
A definite acknowledgment of the debt by the patient during the first six-year period automatically re-opens the obligation for another six years. And if, upon receipt of a bill, the patient pays even \$1 on the amount, it immediately renews itself. A signed statement by the patient would be equally binding in court.

Once the physician decides to take a claim to court, there is little difficulty in obtaining a judgment for the money owed. The judgment itself, however, is not an instrument for collection. It does not have any power to force payment until it is docketed in the district or supreme court in which it is obtained. Once this is done, the document acts as a lien on any property, personal or real, that may be acquired by the debtor for twenty years. And this term can be extended if the judgment is not satisfied during that period.

It is important that the suing attorney follow through with the docketing procedure if the debtor remains obstinate in his refusal to pay after the court has upheld the justice of the claim. This function is often overlooked, and the value of the whole action is nullified by the dereliction.

Still, it is only fair that the debtor be apprised of your intention to have the judgment recorded before it is actually accomplished. In many cases, the mere statement of this intention will result in a collection. Even the most obstreperous patient, if he happens to be in business, would rather pay than have the judgment recorded. Such a document immediately becomes public property and may be broadcast among his associates and the companies with whom he is doing business. The extent to which it would reflect on his credit is self-evident.

The power conferred on the holder of a recorded judgment is far more than the average physician would care to use. For in-



stance, it permits seizure of stocks in a store operated by the debtor. Real estate registered in the debtor's name becomes encumbered by lien for the amount of the judgment, hence unsalable. As an extreme example, it even allows the creditor to confiscate personal property, subject to statutory exemption in different states.

At the same time, it allows for garnishees on salaries of em-ployes who earn above a certain amount a week (e.g., \$18 in New Jersey; \$25 in New York). Even on such a small sum it is possible to collect 10% of the wages until

the debt is erased.

Suits of this type require a very small cash outlay. This is further influenced by the fact that a physician usually numbers among his personal acquaintances at least one lawyer. In such an event, institution of the action can be effected for \$5, which covers drawing up of papers and legal expense in filing.

After the case is successfully concluded-which implies payment of the debt-the attorney is entitled to a sum equivalent to one-third of the amount collected. On a suit for \$45, the full fee should be not over \$15. Speaking as an attorney, I feel that this settlement would be eminently

fair.

Legal fees incurred by the physician in bringing suit can never be included, of course, in the amount of the claim. Interest on a debt of several years' standing may be added, though, at the discretion of the creditor.

Now, having covered the legal aspects of protecting ourselves from the irresponsible debtor, let's look at another side of the problem-the intangible side. Several questions leap to mind immediately in connection with it.

What is the reaction of a disinterested layman to such a strenuous method of obtaining the proceeds of a just debt? Does he resent it as commercialism? Does the physician lose something of that saintliness with which he is hallowed by a large segment of the public?
I think not. After all, the twen-

tieth century is an age of enlightment, even sophistication. The public realizes even the most charitably-inclined businesses must collect their debts if they are to endure. As the popularity of deferred payment plans grows, understanding with each passing day.

The change in the financial philosophy of the public naturally flows over into the professions. The intelligent layman today knows that there is an economic side to professional practice.

RED INK TREATMENT

On the fourth and subsequent statements I use red ink to fill in the date when the last payment was made, or, if no part pay is involved, the date when the debt was incurred. The amount owed is also indi-cated in red. This bit of This bit of color on our billheads flashes to the patient (as ordinary black ink never would) the fact that his bill has been running overlong.-Grace Iliff, medical secretary, Ottawa, Illinois.

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Merck SODIUM PERBORATE Flavored

is of particular value for treatment of

Fusospirochetal Diseases



Trench Mouth Micro-Organisms

This photomicrograph of a smear, showing spirillum and fusiform bacillus, was taken from the middle zone of the infected area, in the case of a woman, age 24. Mg. x 2500. Merck Sodium Perborate Flavored, liberating free oxygen, inhibits the growth of these and other anaerobic bacteria found in the mouth and throat.



A MOUTH BATH with a warm, freshly prepared solution of Merck Sodium Perborate Flavored is of particular value in the treatment of lesions caused by the anaerobic micro-organisms associated with fusospirochetal diseases.

Its alkaline reaction and the release of nascent oxygen when in contact with moisture, make Merck Sodium Perborate Flavored of further value as a deodorizing agent and cleanser.

Patients gladly supplement office treatments with home use, according to the physician's directions, when Merck Sodium Perborate Flavored is prescribed. It is easy to use and the peppermint flavor leaves a clean, refreshing feeling in the mouth. It is a fine powder, free from abrasives, and dissolves in water or saliva, completely covering any affected area.

Your patients may obtain Merck Sodium Perborate Flavored at drug stores in 2-oz. and 4-oz. tins.

Send for circular which describes the uses of Merck Sodium Perborate Flavored for the treatment of Vincent's Infection, Tonsillitis, Pharyngitis, Stomatitis and Gingivitis. A 2-oz. regular trade size tin will also be sent to you. Use the coupon.

Merck Sodium Perborate Flavored is accepted by the Council on Dental Therapeutics of the American Dental Association.

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The advertising of Merch Sodium Perborate Flavored is directed to the medical and dental professions.

VITAMINS IN CANNED FOODS

I. VITAMIN C

 The history of scurvy is as old as the history of exploration and conquest. Its ravages among early explorers and invaders are recorded in the oldest pages of history, due principally to the fact that during extended sea voyages or treks by land, dependence had necessarily been placed almost entirely on foods preserved by the crude methods of the day.

Scurvy was the first vitamin deficiency disease to be controlled by dietary management. In 1757, Lind recognized the fact that some substance in foods exerted a specific protective action against scurvy (1). As early as 1804, the daily lime juice ration became compulsory in the British Navy (2).

However, it remained for modern biochemical science to establish the chemical identity of this antiscorbutic factor. Vitamin C is now known to be identical with cevitamic acid (levoascorbic acid) and is as yet the only vitamin to be synthesized in the laboratory (3).

There would appear to be no valid reason why scurvy should ever constitute a serious threat to the health of the average American infant or adult. Development of refrigerated transportation for raw foods and improvements in modern methods of food preservation, specifically canning methods. make available to the consumer during the entire year a large variety of foods possessed of valuable vitamin C contents. In addition, the modern trend towards education of the layman, in regard to the vitamin C requirements of both the infant and adult, should also assist in complete eradication of infantile and adult scurvy from America.

Many canned foods are to be valued as contributors of vitamin C. Nutritional research has indicated that canned products such as the citrus fruits or citrus fruit juices (4), the more common fruits (5), and vegetables or vegetable juices, are important sources of the antiscorbutic factor (6). Modern canning procedures afford a good degree of protection to this labile vitamin, with the result that the canned food can be relied upon to supply amounts of vitamin C to the diet consistent with the amounts of the vitamin originally contained in the raw food from which it was prepared.

AMERICAN CAN COMPANY

230 Park Avenue, New York City

Vitamina: A survey of Present Knowl.
 Harris, 1955. Mac.
 M

This is the fourteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. What phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles. Address a post card to the American Can Company, New York, N. Y.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Committee on Foods of the American Medical Association.

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Investors' Clinic

By FRANK H. McCONNELL

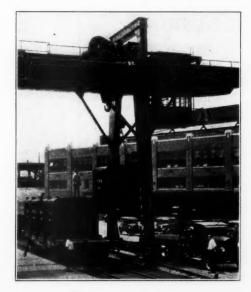
ONLY the stronger markets can withstand uncertainty. Ceaseless, nervous hammering by influences which ordinarily would chill the enthusiasm of investors has apparently failed, however, to make much impression on either bond or stock prices in recent weeks. This performance is distinctly encouraging. It indicates that basically the position of securities is good; that it would take more than a zephyr to bring prices precipitately downward.

Business uncertainties growing out of the autumn election campaign are a powerful influence in the market today. But, as yet, there has been little more than a tremor of excitement among

security holders over this quadrennial occurrence—even though many large investors believe the issues in the present campaign are more significant than those in any election since the turn of the century.

Quite obviously the securities markets are deriving encouragement and strength of a realistic nature. Without it, they could hardly stand up as effectively as they have been doing.

Outstanding among these sources from which market vitality now springs are the heavy goods industries, which until recent months have been sunk deep in depression. As a result of the ability of construction, rail equipment, and other heavy lines to hold their recent gains (meagre though these have been), the important steel industry has kept its operations well above a year ago. Railroad traffic has held at levels considerably above last



For speedier transportation of freight —uniform metal boxes, easily transferred between flat car and motor truck.

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year. And a great number of smaller industries have found orders considerably larger than they had reason to expect.

As a result, investors have recovered much of their lost nerve. In effect, they say: "If the market holds its morale after we've lost ours, it must be stronger than we thought." Selling orders have been conspicuous by their absence. Nor is this a good time to sell.

Presidential Elections

Several weeks ago, MEDICAL ECONOMICS made the point that contrary to a widespread impression, Presidential elections need not cause stock market jitters. Colonel Leonard P. Ayres, the Cleveland Trust Company's widely quoted analyst, has just completed a study of Presidential elections and their effect on finance and business. Stock price movements during the 26 election years since 1832, he finds, have been upward as a general rule.

Colonel Ayres emphasizes, of course, that this conclusion cannot be drawn with respect to what will happen this year. All that his researches show, and very clearly so, is that in most presidential election years there has been a gain in stock prices between June and December.

The result, as set forth by him, is important primarily because it refutes again the impression that Presidential years, in and of themselves. are destructive business and to investments. This apparent fact (for it seems to have been fairly well proved by now), coupled with the strong resistance of the market to a numof disturbing conditions, abroad particularly, make it appear that the best policy for the investor is to hold the securities he now owns if they are the obligations of industries that are doing well.

U. S. and the Railroads

For a number of years, American railroad executives have

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looked upon the Interstate Commerce Commission and other governmental agencies as the bane of their existence. Today, some I.C.C. critics are beginning to wonder if the I.C.C. may not be Today, some right. Here are two recent developments in this field that promise great changes:

The Commission has ordered a general reduction in passenger fares, both coach and pullman, by all Eastern railroads. This reduction is actually in effect, although some railroads are seeking court orders to set it aside.

Coordinator Eastman has presented a new plan for use by rail-

roads, steamships, and motor It is his idea to have all trucks. carriers of freight use large metal boxes for shipping purposes. Use of the new container, Mr.

Eastman says, will simplify the work of moving freight from the shipper to the man receiving it. A motor truck can pick it up, carry it to the train, and transfer the load to a car in a single loading operation. The train then can carry it to its destination, reload it easily onto a truck; and the truck can carry it to its destination.

At least 100,000,000 tons of freight annually can be hauled this way, the coordinator's report says, at great saving in time and shipping cost. So great is the possible saving, he believes, that the roads will be justified in reducing freight rates; and that the public will receive the benefit in lowered prices for food and other commodities.

Following the recent reduction in passenger fares, Eastern roads which fought the cut now report increased passenger travel. Whether this is enough to offset the loss in revenue through lower-priced tickets, remains to be seen. But railroad men themselves are more hopeful that it will prove so.

The program for speeding freight shipments and reducing the cost of handling them is still in its early stages. But it is quite



A Combination Colon Food to Suppress Putrefaction

Two carbohydrates—Lactose and Dextrine - have been found especially adapted to the growth of a normal, protective bowel flora.

Prescribed in the form of Lacto-Dextrin, these carbohydrates reach the colon in such amounts that the protective bacteria, (b. acidophilus) begin to flourish and outgrow the pernicious Welch's bacillus, b. putrificus, b. proteus and other putrefactive organisms.

.ACTO-DEXTRIN

used in association with an antiputrefactive diet regimen, helps maintain a protective flora, suppress putrefaction, prevent reinfection.

Pleasant to take — safe economical.

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THE BATTLE CREEK FOOD CO. Dept. ME-7-36 Battle Creek, Michigan

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possible that this, too, may prove all that Coordinator Eastman claims. If the two influences prove helpful to the carriers, they may make more money than they expected. This prospect, coupled with rising traffic, seems to justify investing in stronger railroad bonds and shares.

Scarcity of Bonds

The investor who owns a bond on which he receives a fairly liberal interest return is fortunate, indeed. The investment market has been so strong, mainly because institutions with large funds on hand have had difficulty finding enough good bonds to buy, that interest rates have gradually declined to the lowest level of this century.

The interest return on a bond is in inverse ratio to its price. Assuming that a man pays \$1,000 for a 4% bond, his interest return would be \$40, or 4%. But if he had to pay \$2,000 for the same bond, its annual interest payment of \$40 would mean only a 2%

return

That is what has been happening in the past two years. Many bonds have advanced 50% in price; quotations on some have

actually doubled.

As a result of this excellent condition of the money market, the U. S. Treasury has been able to arrange its financing for soldier bonus money on very reasonable terms. Uncle Sam has sold \$1,000,000,000 of 1% % notes, due

in five years, and \$1,050,000,000 of longer-term bonds at an interest rate of only 2% %. The administration, of course, has adopted banking and monetary policies to help make this possible.

to help make this possible.

Now that the heavy financing which faced the Treasury a year ago has been successfully completed, some people believe the government will be less interested than before in keeping interest rates low—hence, in forcing bond prices higher. Nevertheless, it will still be many months before substantial changes take place in the bond market price situation. Investors will do well, therefore, to hold their bonds.

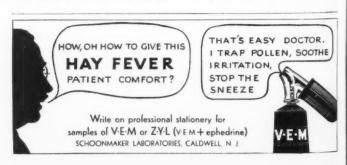
Packers and Pork

The meat packing industry this year is not earning as much profit as it should. In fact, the industry as a whole has probably lost money so far this year. Their situation now is unusual, and even the nation's biggest meat men are puzzled about it.

Price movements in the livestock market are all important to the packer. This is particularly true since a considerable period elapses between the time he buys his supplies and sells them in the form of finished or processed

meats.

If, during this period, livestock market prices go higher, the value of his supplies on hand, or inventories, increases. He reaps a profit, because ordinarily the retail price of meat is governed



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90,000 Doctors can't be wrong!

During the last thirty years my records show that doctors have sent me an average of 10 voluntary testimonials in praise of Alkalol every working

Figuring roughly 300 working days a year, this brings my annual total of unsolicited remarks to about 3,000, or about 90.000 for the thirty year period!

What advertising I have used has been of an ethical nature entirely, published only in the medical press—plus a few loyal and enthusiastic detail men in the field.

90,000 doctors can't be wrong! They have sent for samples of Alkalol, used it in daily practice, prescribed it, and found it efficacious.

Alkalol for Nose and Throat

"Excellent for irrigation of sinuses. Soothing to mucous-membrane" "Surprising relief in congested and sore mucous-membrane" . . . "The best preparation on the market today for eye, ear and throat work" . . . Used extensively for chronic catarrh"....
"Consider Alkalol first in its field" ... "I find Alkalol soothes without the annoying reaction most nasal remedies "One of the most cleansing and soothing treatments used today for eyes, ears, nose and throat. It never . . . "Alkalol very efficacious in treatment of nasal conditions" "Have recommended Alkalol many times and find it healing and non-irri-tating" . . . "Best mucus solvent in tating" . . . "B nasal work" . . .

Alkalol for Eyes

"Most of my work is done under artificial light, which promotes eye strain and I find that AlkaloLaffords great relief" . "Especially soothing to the eyes" . "I can and do sincerely prescribe Alkalol where an eye bath is needed. It is very soothing" . . "I have never found anything quite as soothing for tired eyes" . . "It fills

Your card or letterhead will bring a FREE SAMPLE of Alkalol the need for a mild, soothing solution"..."Have many patients using Alkalol to relieve eye strain"..."Have used Alkalol for 35 years"... "Alkalol very soothing as an eye wash"..."Best preparation I have ever used"..."Alkalol best of all for use in the eyes"..."Best solution I have ever used"..."Have used Alkalol as an eye wash with splendid results"..."

Alkalol for Mouth and Teeth

"Especially effective after extraction. Promotes healing of torn tissues more rapidly than anything I have ever used" . . "I have found Alkalol very effective in relieving mouth soreness" . . "Use it in my own family and suggest it to my patients" . "Far better to use Alkalol and avoid additional irritation" . "Very soothing for sore gums" . "Most soothing solution I have ever used in oral work" . . "Finest after-extraction wash I have ever used".

Simple Test Tells Volumes

Let me send you a free eye-dropper bottle of Alkalol. Then try it in your own eyes. Alkalol has such a wonderful soothing, healing action on the delicate membrane of the eye that it has been used for years to clear the eyes of infants after silver treatment.

Doesn't it stand to reason that if Alkalol has been so successful in treating such a supersensitive organ as the eye that it must be equally efficacious as a douche or spray in coryza, rhinitis, etc.? Send your card today.

Please remember that Alkalol is a delicate product and should not be dispensed from opened containers. Prescribe Alkalol in original 8 or 16 ounce bottles.

(Signed)

J. P. WHITTERS

J. P. WHITTERS

The ALKALOL Company
Dept. M-736
Taunton, Massachusetts

Instant Pain Relief in BURNS · · Antiseptic—Healing



CAMPHO-PHE

The special process by which soothing, cooling camphor and "tamed" phenol (germicidal without irritation) are combined in Campho-Phenique, makes this a triple-action dressing for burns. The pain is quickly allayed. The burned areas are protected against infection; healing is stimulated.

Wherever an effective antiseptic and analgesic agent is required, you will find that Campho-Phenique does the job safely. Try it as a first-aid treatment in abrasions and cuts, as a dressing after suture, as an application in pediculosis pubis, etc. You will never want to be without it.

NOTE-Campho-Phenique is perfectly safe for home use by your patients.

LIQUID . OINTMENT . POWDER

Send Coupon for generous trial supply.

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Yes.		me		sizes	of	Campho	-Phenique

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strictly by prices of hogs and beef. Contrariwise, if livestock prices go down during this period, the packer has to mark down the prices at which he sells, too: and he takes a corresponding

This year, pork prices are up. The packer should, therefore, be able to sell his processed hams at a better price. But here's the trouble: Consumers refuse to pay it. They want pork; but packers' and butchers' sales records show they will pay so much, and no more. Instead, they tell the butcher they'll take some beef, because it's cheaper.

The packers' operating year is not from January 1 to December 31, but from November 1 of one year to October 31 of the following year. In the first eight months of their present year, indications point strongly to a loss.

Prospects are not yet good enough to encourage investors to make new purchases of shares in the industry.

Prolonged WITH THE UNDESIRABLE FEATURES MINIMIZED

In chronic which require treatment with iodine over an extended period, it is desirable to use a form of iodine that may be administered, for months at a time if necessary, without toxic effect.

RIODINE

(ASTIER)

With Riodine, an iodine addition product of castor oil having an iodine content of 17% of its total weight, effective iodine medication may be administered over long periods with little fear of gastro-intestinal or other iodine disturbances.

Write for Information and Sample

GALLIA LABORATORIES, Inc. 254-256 W. 31st Street New York

Standard Drugs in a More Acceptable Form for Your Patient ASPIR-VESS • BROMO-VESS • CINSA-VESS

Three standard types of medication are here offered in the more pleasing and effective form of effervescent tablets:

Effervescence secures:

- 1. Greater effectiveness
- 2. Increased palatability

Aspir-Vess

Provides the effervescent factor and alkalis added to a therapeutic dose of aspirin.





Bromo-Vess

The well known three bromides plus ½ minim Fowler's solution as a protection against bromide rash where large doses are used.



Cinsa-Vess

The antirheumatic agents-cinchophen, sodium salicylate, colchicine-and sodium bicarbonate with citric acid to insure a palatable, alkaline, effervescent solution.



EFFERVESCENT PRODUCTS, INC. . Elkhart, Indiana



TETANUS ANTITOXIN, Mulford

IN the emergency treatment of contused, lacerated and puncture wounds, authorities agree on the immediate administration of 1,500 units of tetanus antitoxin as a safeguard against tetanus.

Because of its small volume and low protein content, Tetanus Antitoxin, Mulford, is well suited for this purpose. It is easily injected, is rapidly absorbed and produces almost immediate protection. The small volume and low protein content also reduce the incidence of local and systemic reactions.

When continuous protection is desired, repeated doses, as recommended by some authorities, may be administered at intervals of seven days.

Tetanus Antitoxin, Mulford is aged and processed to yield a clear solution of stable potency. It is supplied in syringe and vial containers of 1,500 and 5,000 units; insyringe containers of 10,000 units and 20,000 units.

MULFORD BIOLOGICAL LABORATORIES

SHARP & DOHME

Pharmaceuticals—Biologicals
PHILADELPHIA BALTIMORE

"For the Conservation of Life"



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★ Placebo Tipplers

health insurance is English again in bad repute with one of its high officials. Under the panel system, the number of prescriptions dispensed has increased since 1918 from 4,377,000 to 8,-482,000. Gravely concerned, Sir Kingslev Wood. minister health, recently expressed to the London Insurance Committee his fear that England was becoming "a nation of confirmed medicine drinkers." The causes, he said, are free medicine under the British system and doctors bidding for popularity with placebos.

* Truth in Advertising

Physicians who tuned in on the National Broadcasting Company's WEAF network recently cheered the hour-long broadcast sponsored by the Advertising Federation of America in celebration of the twenty-fifth anniversary of Truth-in-Advertising Movement. Gist of the broadcast: Advertisers must protect the buying public from quacks and swindlers. Gilbert C. Hodges, member of the executive board of the New York Sun, key-noted the "hour" and dangled a reward for virtue before publishers' eyes when he promised: "The rejection fraudulent advertising attracts honest and truthful advertising in much larger volume and means greater profits to the publisher." Not included in the broadcast,

but greeted with equal enthusiasm by those of the medical profession whose attention it reached. was an announcement by the "Hence-New York American: forth," said Mr. Hearst's daily, "the advertising of doctors and dentists, as well as any other medical advertising of a questionable nature, is barred from our columns."

Many observers feel that, with such outstandingly powerful metropolitan newspapers leading the way, it won't be long before many others follow suit.

* More Washington Plan

Take a map of the United States, stick a redheaded pin into each locality where a project similar to the Washington Plan is in operation, and the effect, while not that of a pincushion, is bound to be eye-catching. Many society-sponsored projects have sprung up are not identified with the Washington Plan in any



SIR KINGSLEY WOOD Twice as many prescriptions.

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way, but they operate on essentially the same principles. The most recent of these are now functioning in Milwaukee, Wisconsin and Houston. Texas.

functioning in Milwaukee, Wisconsin and Houston, Texas.

Except for a few details in its administration and a narrower scope, the Medical Service of the Medical Society of Milwaukee County parallels the Washington Plan. Its fundamental purpose is to make medical care available to all who need it on an instalment basis which they can afford.

At least half the Houston setup is similar to the Washington Plan. It provides two main services: (1) credit data for physicians and (2) budgetary arrangements for low-income patients. The credit bureau supplies information to 700 members of two local societies and includes a 24hour telephone exchange service.

Another recent addition to the list of medical groups that have adopted, adapted, or started to investigate the Washington Plan is the Columbus (Ohio) Academy of Medicine. It has appointed a special committee to find out what features of the project can be used to meet local needs successfully.

* White Angels Coo

Nurses are reading with complacency (physicians and hospitals with alarm) that eighthour days, the growth of public health work, and elevated educational requirements are causing a shortage of present-day Florence Nightingales.

At the New York Hospital Association's recent meeting in Buffalo, Dr. Basil C. Mac Lean, director of the Strong Memorial Hospital in Rochester, lamented the fact that "too many nursing generals and not enough nursing soldiers" are being graduated. The N. Y. H. A. was also told that registration at accredited nursing schools had dropped 17,000 between 1932 and 1934, and that 25 New York institutions with a 19,000-bed capacity today have only 600 student nurses.

Meanwhile, at Russell Sage school for nurses in New York education is being given a unique fillip. Students' vocal chords are being disciplined (throughout the four-year course) to the end that the sounds they make in the sick room will be soothing. A microphone and a recording device are used to keep track of each individual's voice as it changes from harsh to dulcet.

★ Appendicitis Publicity

Appendicitis has joined diphtheria, smallpox, and typhoid as a fuel for campaigns to teach the public to protect itself and, incidentally, to increase its respect for the profession.

The Orleans Parish Medical Society of Louisiana recently highlighted its annual "Longer Life Week" with a comprehensive effort to warn the people in its

m Sodium Bicarbonate Ginger TI Flavoring Oils 01 DI Soluble—Quick acting Pleasant to take D and "Trial is Proof" Z PI Doctors tell us Carbex Bell is the most palatable and efficient tablet they know.

Foot-Troubled Patients

How Many Physicians Now Obtain Relief and Correction for These Individuals

Physicians and Surgeons, especially those with practices composed largely of industrial and other workers, are frequently called upon to prescribe for patients who have foot trouble. Many such persons suffer from tired, aching feet, general fatigue, weak or fallen arches, foot strain or rheumatoid pains in the feet and legs. Others are afflicted with Corns, Callosities, Bursitis, painful heel, Epidermophytosis, Bromidrosis and other annoying foot ailments.

Wm. M. Scholl, M. D., Chicago, has devoted his life to the feet. Nearly 30 years of laboratory and clinical experimenting has enabled Dr. Scholl to formulate a method of relief and correction for these and all other common foot troubles. You can depend on Dr. Scholl's Foot Comfort Appliances

and Remedies to give your patients the relief and correction they need for their feet. This is the experience of thousands of Physicians who prescribe Dr. Scholl's.

They are sold by Drug, Shoe and Department stores everywhere and at the exclusive Dr. Scholl's Foot Comfort Shops in principal cities.

Mail coupon below for interesting Professional literature.



ACHING FEET

Dr. Scholl's Arch Binder relieves burning, aching, tired feeling in feet and legs; holds bones in position \$1 pair.



CALLOSITIES

Dr. Scholl's Zino-pads (Callous size) quickly relieve pain, safely remove callosities, soothe and heal. 25¢ and 35¢ box.



instantly relieve pain; quickly re-move corns. End cause. 25¢, 35¢ box.





Dr. Scholl's Foot-Eazer relieves tired aching feet, foot and legpains, weak or fallen arches. Adjust-able. \$3.50 pair.





METATARSALGIA Dr. Scholl's Metatar-

sal Arch Supports relieve pains, cramps, callouses at ball of foot. \$3.50 pair up.



CROOKED TOES

Dr. Scholl's Toe-Flex graduallystraightens crooked toes to normal. Invisibly worn. Comfortable, 50¢ ea.



BUNIONS

Dr. Scholl's Bunion Reducer of soft rubber, relieves pain; removes pressure; hides bulge, keeps shape of shoes. 50¢.

Foot Comfort Scholl's REMEDIES and APPLIANCES

THE SCHOLL MFG. CO., Inc., 213 West Schiller Street, Chicago, Ill. Gentlemen: Please send me your literature especially written for the Physician.

M.D. Address....

district against the dangers of self-medication to cure abdominal pain. Stickers on the bills and correspondence of society members carried the warning; and druggists, business houses, and stores displayed posters to the same effect. The society asked for and received permission to have its members address schools, colleges, parent-teacher associations, and social and business clubs on precautions to be taken when acute appendicitis is suspected or certain.

* Checkmating Politics

the appointment (due soon after this writing) of its new health officers Omaha expects an end to incompetency in that office. The political factor which has undermined the effi-ciency of former encumbents has been removed. Due to the far-sightedness of the city's commissioners who listened to the county medical society's advice, a committee of five physicians have selected the men who are to take over the supervision of the community's health. The committee works without pay and is responsible to the society for the conduct of its appointees. society, in turn, answers to the city commissioners.

★ Frenchmen Can Be Wrong

Members of the swank American colony in Paris turned to swabbing floors and stoking furnaces last month. The scene of their unaccustomed labors was the American Hospital; the reason for their change from leisure to labor was a strike by 100 of the institution's workers who

thereby endangered the lives of some 75 patients by unmanning heat and sterilization facilities. Between them, the American Legion, the American Women's Club, the Junior Guild, and student groups kept the hospital functioning and its patients comfortable while the French Government refused U. S. Ambassador Straus' request for police action against the strikers.

* For Heiress Aches

Each year twelve-year-old Gloria Vanderbilt (the poor little rich girl whose \$4,000,000 estate and person have been removed from the custody of Mrs. Vanderbilt) spends the month of July with her mother. The expenses of the visit are paid for out of income from the child's estate. Basing its decision on a list of estimated expenses which includes "\$12 for the Pastry Shoppe," the court that controls Gloria's millions has allotted \$1,000 for medical fees in case she gets sick during her thirty-day sojourn.

★ Perfect Maldistribution

Alabama has been described as a perfect example of maldistribution of the profession. Dr. Stuart Graves, dean of the school of medicine at the state university, pointed out recently that in 1934 Alabama had 1,936 physicians, while in 1914 it had 2,353. During the same twenty-year period the population increased by 521,123. The ratio of doctors to laymen decreased from 1:947 to 1:1420. In other words, there are almost twice as many people per physician in Alabama as there are in the country as a whole.

Occy-Crystine

The Sulphur-bearing Eliminant—Detoxicant
Samples on Request LABORATORIES at Salisbury, Conn.



SUGGESTION No. 6

Dear Doctor:

One of the aggravating factors quite often met with in constipation, especially after middle life, is prostatic hypertrophy,

Often this cause will be found present in addition to an existing, life-long history of constipation. with excessive use of practically every kind of catharties and laxatives.

These are the cases in which TAXOL will be found especially helpful, and you can prescribe TAXOL, doctor, with assured confidence in the ante-operative procedures to prepare the tract for prostatectomy, as well as to re-establish a normal bowel function after the operation.

TAXOL. is a harmless and very effective corrective. It is suggested that in order to obtain the best results, you pay particular attention to dosage, that is either progressively increasing or decreasing dosage when needed as results of stabilization are established.

May we send you samples of TAXOL?

Very truly yours,



In one county, said Dr. Graves, there has not been a new doctor in two decades.

★ Lay Students Teach M. D.'s

Members of the Erie County Medical Society of New York who were present at a recent meeting willingly admit their belief that out of the mouths of babes comes wisdom. Dr. Samuel Barone is the indirect cause; members of the Hutchinson School debating teams, the direct. The former, casting about for worthwhile material to put on the platform for his fellow-members, seized upon the idea of having the students (lauded for their previous demonstration of forensic ability) debate the state medicine proposition at a society meet-Those who listened gained much knowledge; gave much ap-plause (most of it to the nega-Dr. Barone who heard tives). the debaters twice before their appearance in front of the society, has told MEDICAL ECONOMics that he thinks the group should go on tour and appear before county societies all over the country.

★ One For the Negatives

All high school debaters, bent on breaking down the structure on which their opponents have based a brief for state medicine, hammer away on the fact that such a system disrupts the physician-patient relationship.

cording to Dr. William O'Brien, professor of pathology and preventive medicine at the University of Minnesota, negatives miss a point if they fail to bring home that under any state system "the physician's records would of necessity become public property. Inevitably, the patient (reluctant enough under private medicine to disclose personal information) would become more secretive and treatment would suffer."

★ Drug Story

"A maximum penalty of a few weeks' rest in jail and a fine amounting almost to the profits of one poor day's business of a petty trafficker" is responsible for the huge volume of illicit drug trading that thrives under the Japanese flag. This explanation was given at a recent session of the League of Nations Opium Advisory Committee by Stuart J. Fuller, of the U. S. Department of State. As a cure, he advised putting some "gimp" into the namby-pamby Nipponese penalfor smuggling narcotics. Victor Hoo, as Chinese as his last name, thought dogs might be the He said that his counanswer. trymen train them to sniff their way to concealed narcotics and thus confound smugglers.

Meanwhile, the U.S. is on the trail of a solution of its morphineaddict problem. Doses of what is hoped to be a non-habit forming substitute for morphine are



the dependable urinary antiseptic

YSTOGEN

methenamine in its purest form

Cystogen, by causing the urine to become a dilute solution of formaldehyde, checks bacterial activity in urinary infections. Eases renal or vesical discomfort. Cystogen is particularly effective in cystitis and pyelitis. It flushes clean the genito-urinary tract from kidney to the meatus and prevents intra-vesical decomposition of the urins the control of the control of the control of the control of the urins the control of the control of the urins the control of the control of the urins the urin

CYSTOGEN CHEMICAL CO., 882 3rd Ave., Breeklyn, N. Y.

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5 TIMES

ES THE VACUUM CREATED BY AN INFANT

will not collapse this nipple



A VACUUM PUMP creating 4 pounds suction will not collapse a Hygeia Nipple. A ridge at the base of the

nipple permits the passage of air as soon as suction is applied. Because of capillary attraction the nipple is sealed against the leakage of milk. This helps to assure more continuous and more contented feeding.





ABNORMALLY HIGH CLOTTING TIME



Can be safely and promptly brought within normal limits with the alkaloidal coagulant

CEANOTHYN

Used alone or, if preferred, with calcium or protein products Ceanothyn acts catalytically on the clotting mechanism by accelerating the action of thromboplastin.

In all surgical procedure in which dense capillary areas are encountered Ceanothyn prevents and checks bleeding in the normal individual as well as in pathologic cases.

Dosage: Up to four fluidrams at 15 minute intervals in acute bleeding.

Write for sample and new clinical information.

FLINT, EATON & CO.

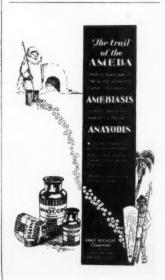
PHARMACEUTICAL CHEMISTS

DECATUR: ILLINOIS

being given carefully to handpicked patients at the new U. S. P. H. S. Narcotics Farm, Lexington Kentucky. That the new drug kills pain is known; whether it creates addicts is not known.

* Hymen and Hygeia

Wife to husband: "Now, dear, do stop and see Dr. Goodfriend today." "Dear" does, and avoids a stomach ulcer. That, says the Metropolitan Life Insurance Company, is one of the best explanations why marriage is a healthier state than singleness in spite of the benedict's cherished peace. As proof, the company offers these statistics: The death rate for bachelors over 15 is 1,218.2 per 100,000 as compared to 855.9 among married men; for spinsters, 1,039.1 as compared to 856.6 for wives. Cancer alone, the figures indicate, is as deadly to the married as to the single. Other diseases are controlled apparently by the tendency of wedded



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Safer...

FOR INFANTS IN HOT WEATHER

...because Libby's special homogenization makes these solid foods easier to digest

Summer brings new responsibilities for the physician prescribing solid foods for infants. Hot weather lowers the infant's digestive functions.

But the special method of homogenizing solid foods discovered by Libby, McNeill & Libby, now makes it easier to safeguard against digestive upsets.

Libby's exclusive process of homogenization does what the finest sieving or straining can never do. It completely breaks. up food cells in solid foods.



Cellulose membranes enclosing nutriment are completely broken up. Full nutriment is exposed to digestive enzymes for easier digestion, more complete absorption.



THREE FOODS IN EACH TIN!

Libby's Baby Foods make it easier for the physician to recommend a varied diet for infants. Each tin contains three foods instead of one. These combinations were formulated to provide as perfect a balance of nutritional values as possible. There are three separate combinations of vegetables, a fruit combination, a cereal combination and a soup... all homogenized by Libby's special process.

Coarse fibers are also broken into minute particles by Libby's process. All the natural bulk needed for normal elimination is retained . . . it is simply reduced to finer, smoother form.

Physicians are invited to write for free samples of Libby's Homogenized Foods for Babies...also a review of laboratory and clinical findings. Address Libby, McNeill & Libby Research Laboratories, Dept. ME-7, Chicago.

Siby HOMOGENIZED*
BABY FOODS

*An exclusive process that for the first time completely breaks up cells, fibers and starch particles, and releases all the nutriment for easier digestion. U.S. Patent No. 2037029.

mates to be more regular in their habits of living and by the solicitude of one for the other.

The insurance company's statistical story goes on to show (with the first mortality table ever based on the experience of all 48 states) that the expectation of life at birth is now 61.26 years for both sexes. Thirty-five years ago the first official figure ever based on a sizeable section of the nation promised 49.24 years of life to new arrivals.

Another gatherer of vital statistics, the Northwestern National Life Insurance Company, notes that repeal has increased home consumption of alcohol and has led the well-known Tired Businessman to "stop for a short one" after hours. During the year ended April 1, 1932 (before repeal), 17.6 per 100 rejections were the result of heavy alcoholism. By April 1, 1935 the bad news was 22 per 100; by April Fool's Day this year, 23.8.

★ Good Riddance Made Easy

Thanks to an arrangement worked out with the local merchants' association recently, the physicians of High Point, North Carolina are discovering more deadbeats than they are treating free. The association keeps them supplied with lists of people who have walked out on their obligations to other physicians. The roster is kept up to the minute by the doctors themselves. They

supply the association with the names of all their delinquents. Armed with knowledge of a patient's can-but-won't pay record, High Point's medical men are in a position to take steps to assure themselves of a fee or good-riddance.

* The Parran Fetish

The conjecture that greeted the appointment of Dr. Thomas Parran, Jr., to the head of the U. S. Public Health Service (May, MEDICAL ECONOMICS, page 16) has begun to assume, in the minds of many physicians, the proportions of a conviction that the new surgeon general is too close to socialized medicine for the comfort of the profession. Excerpts from two recent addresses indicate why.

Dr. Parran at the Red Cross

Convention:

1. "The most important provisions of the social security act are those dealing with health."

2. "It may sound bold to propose that medical care be administered by public health officials... but I believe that the health officer can be of very & finite assistance in supervising the giving of medical care."

Dr. John H. Burleson in his speech as outgoing president of the Texas Medical Association:

1. "If and when state medicine comes, it will come as a result of misdirected public health activities." [Turn the page]

MMAD

SUPPOSITORIES

give quick, reassuring action in hemorrhoid cases. The engorged tabs are shrunken, inflamed areas soothed, the burning, itching pain

flamed areas soothed, the burning, itching pain is relieved. Valuable also in anal fissure, pruritus and proctitis. One Suppository is inserted into the rectum at bedtime.

MICAJAH	å	COMPANY,	248	Conewango	Avenue,	Warren,	Pa
Samples							



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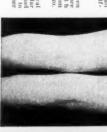
condition shown at nated the Psoriasis Completely ellmiTHE PICTURES TELL THE STORY

viously resisted all treatment for fifteen years. The case had pre-

Soap five years ago elimination with Mazon and Mazon SEL

Maron

respond conditions that had previously failed to This case is typical KuRut



INDICATIONS ECZEMA

AND OTHER SKIN ATHLETE'S FOOT RING WORM PSORIASIS ALOPECIA

MAZON SOAP

- ABSOLUTELY PURE NO SYNTHETIC PERFUME
- FOR PERSONAL HYGIENE • NO FREE ALKALI NO ARTIFICIAL COLORING

DO NOT ACCEPT

DISORDERS

SUBSTITUTES

Insist upon the original one, two or four ounce blue jar. Reputable Pharmacists sale Wholesale Druggists Distributors

> A distinct departure from other local treatments. NON-STAINING READILY ABSORBED NON-GREASY ANTI-SEPTIC ANTI-PRURITIC ANTI-PARASITIC

NO BANDAGING IS REQUIRED

Samples and literature on request

BELMONT LABORATORIES, Inc. 4430 Chestnut Street Philadelphia, Penna

2. "The fetish that public health service is always altruistic in its aim and that the surgeon general... is always right is open to serious debate."

★ 6000 Druggists Scanned

The initial step in what promises to be an effective march against over-the-counter substitution was completed recently. Six thousand pharmacies in 31 throughout the country cities have been combed by the Prescription Protective Bureau, New York City. Top men in pharmaceutical circles, by their insistent requests, instigated the current drive to reduce unethical tactics in drug stores. Competent chemists are busy at work analyzing samples of materials gathered up during the survey. Soon, substituting pharmacists will have been spotted. Complaints against them will then be drawn up and charges filed with boards of pharmacy in the various states. Those who persist in their un-ethical practice will be prosecuted.

★ Birth Control Plugged

Puerto Rican rehabilitators, appalled by the islands growth in population (doubled during 38 years of American control) and its living conditions (60c or less is the average daily wage and 90c of every dollar goes for food), hailed fifteen birth-control clinics opened there recently by the FERA. Each "maternal health aid" division has at least one doctor and a trained nurse. In large communities they do business in an office; but others travel about on wheels, distributing advice and contraceptive materials

paid for out of the \$40,000,000 purse Uncle Sam has presented to the island.

Another development recently was a public exhibition at the California Medical Association convention of the only birth-control device smiled on by Pope and Post Office alike. M.D.'s twirled the celluloid disk on its two-inch square of cardboard, read its interpretation of the rhythmic cycle of fertility and sterility, debated its practicality, and bought 75.

* Wanted: Sick Workers

Setting a precedent that few employers will follow, the WPA in New York City seeks to give work to the physically handicaped. Twelve thousand such are on the city's relief rolls. Of these 5,000 are considered employable by the WPA in spite of debilities which include cardiac, tubercular, and orthopedic ills.

* Silicosis Out and In

A figurative slap in the face was delivered recently to testifying physicians and to the dead of "American industry's 'black hole of Calcutta'," (February MEDICAL ECONOMICS, page 116) when the Rules Committee of the U.S. House of Representatives strangled the resolution of New York's Congressman Vito Marcantonio that a broad inquiry be made into the prevalence of silicosis in the Said Republidust industries. can Marcantonio, "I'm afraid we stepped on somebody's Democrat John O'Connor, also of New York and chairman of the Rules Committee said nothing. He could not be reached for comment.

However, at least two organi-

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zations remain to dig into the problem of reducing the silicosis hazard. The recently-formed Air Hygiene Foundation of America (headquarters in smoky-aired Pittsburgh) probes for hygienic, technologic, and economic data; while a combine of health agencies in New York City spends \$91,944 (kindness of the WPA) on a series of bacteriological, pathological, and clinical studies.

★ Charity Reins

Since the first of this month parents and guardians of crippled and afflicted children have had to swear to their poverty in probate court before securing medical treatment for the youngsters at the expense of the state of Michigan. False oaths make the swearers liable to prosecution on perjury charges. Furthermore, cases must be approved by medical society committees in each county before admission to hospitals at state expense is granted.

Institutions admit unapproved cases at their own financial risk.

These provisions, set up by Governor Frank D. Fitzgerald at the insistence of the state medical society, are expected to halve Michigan's cost of hospitalizing children.

* Labs March On

States conducting research in pneumonia control have changed from a pair to a triumvirate. Michigan recently joined Massachusetts and New York. Dr. C. C. Young, director of Michigan's state laboratories has announced that a \$50,400 grant from the Commonwealth Fund of New York will finance a three-year study of anti-pneumococcic serum production. With five persons added to his staff and \$2,000 invested in monkeys, horses and guinea vigs, Dr. Young is to try to reduce the cost of producing serums and to extend their use.

Michigan physicians hope that



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the state laboratories will be as successful in the new venture as they apparently have been in a two-year experiment with an anti-whooping-cough vaccine. Since 1934, 1,100 Grand Rapids children have been treated with it. A like number of non-vaccinated have been the subject of a day-to-day check up. Results: Of those vaccinated, only 15 have contracted whooping cough; of the others, 111. Of the cases among vaccinated children, none were severe; four were moderate; four, light; and seven, very light. Among 104 of the non-vaccinated cases 20 were severe; 63, moderate; 13, light; and eight, very light.

★ Battle of Books

The mayor of Atlantic City had no answer to the verbal chastisement he received recently from the pen of Edgar Darnall, M. D., president of the convention city's library association.

GIVES PLEASANT FLAVOR TO PRESCRIPTIONS (Elix. Ang. Amari Sgt.)

Many prescriptions have an unpalatable taste. They may even be nauseating to some patients. It is easy to overcome this unpleasantness by specifying Angostura Bitters (Elix. Ang. Amari Sgt.) in your prescriptions as a flavoring agent. Send for free booklet, "The Secret of our Digestive Glands."

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His trouble started A LONG TIME AGO

So MANY people treat common constipation too lightly. Sometimes, they develop a run-down condition. Their lowered resistance may be the first step to serious illness. Then only do they see the doctor. Others try to dose themselves.

If they could only be impressed with the fact that constipation is usually due to insufficient "bulk" in meals. Its correction is largely a matter of proper diet. Kellogg's ALL-BRAN is a pleasant, convenient source of gentle "bulk."

Scientific tests have shown that ALL-BRAN is a natural laxative food for normal people. It may be

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with Digestive Ferments

For twenty-five years the standards of bile salts compounds,

It has been our privilege and pleasure to supply the medical profession without charge a specially designed clinical record form for use in gastro-intestinal work in connection with the dispensing of Taurocol or Taurocol Compound.

Write for clinical record forms, literature, and samples.

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ME 7-36

Featured by the local press, Dr. Darnall's castigation-by-pen charged the city official with ignorance of the importance of public library's medical branch. The mayor had objected to the amount of money appro-priated to bring the library's stock of medical books and journals up to a proper level. Thanks to Dr. Darnall's zeal, the mayor lost; the library gained.

★ Up on Their Hind Feet

The Philadelphia County Medical Society is not alone in its conviction that physicians should know how to speak for themselves on medico-economic as well scientific matters (March MEDICAL ECONOMICS, page 117). The medical staff of New Jersey's Hackensack Hospital arranged a course in public speaking recently for any local men interested in the idea. At a dollar a lesson it was necessary to set ten as a minimum class. Twenty joined. The purpose of the course was to improve the physicians' skill at extemporaneous discussion, develop their poise, cultivate a proper tone in their voices, and teach them to sustain audienceinterest. Thus, society meetings will be enhanced by more capable discussion of the topics which occupy them and trained medical speakers are available to lay groups who need answers to questions concerning public health and medical economics.

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FOOT CONDITIONS: The Scholl Manufacturing Company, Inc. (ME 7-36), 213 West Schiller Street, Chicago, Ill., offers you a copy of "Foot Weakness and Correction." The practitioner, whether in specialized or general practice, will find its suggestions helpful in treating foot ailments. Its 48 illustrated pages give practical advice on the etiology and mechanical treatment of the weak and flat foot, weakened anterior arch, metatarsalgia, hallux valgus and bunion, painful heel, and contracted or hammer toes, together with descriptions of corrective appliances.

VITAMIN B DEFICIENCY: By means of a 3-ounce sample bottle and an interesting little booklet entitled, "The Facts About Bevitone," Professional Products. Inc. (ME 7-36), 30 Rockefeller Plaza, New York, N. Y., introduces you to Bevitone, vitamin B complex, in liquid form. It is described as a highly concentrated preparation of cereal and milk sources, supplied as a thick syrup with a pleasant malt-like flavor for infants, children, and adults. Among its indications are failure of growth in infants and children; lack appetite; pregnancy and lactation; lack of vitality and nervous instability; and infantile and adult beriberi.

ATHLETE'S FOOT: The makers of Pulvis Thi-Oxiquin invite physicians to give their product a trial in the treatment of ringworm of the foot. Its composition includes sodium thiosulphate, oxyquinolin sulphate, thymol, and boric acid. For your sample drop a line to the Zemmer Company (ME 7-36), 3943 Sennott St., Pittsburgh, Pa.

SKIN IRRITATIONS. For years, calamine, in lotion form, has been a household standby for irritated skin conditions. Here it is in cream form—Crookes Calamine Cream—designed to adhere well to the site of irritation. Among its advantages are these: the calamine content is especially treated to insure the finest possible state of subdivision; the local anesthetic effect of the benzocaine content enhances its soothing properties. A sample and literature are available from Crookes Laboratories (ME 7-36), 305 East 45th St., New York, N. Y.

HAY FEVER: In treating your next case of hay fever, the makers of Estivin (a liquid preparation of Rosa Gallica) ask you to give their product a trial. Even in the severest cases of the condition, says a recently issued circular, a drop of Estivin to each eye has brought about remarkable alleviation of suffering. Drop a line to Schieffelin & Company (ME 7-36), 16-20 Cooper Sq., New York, N. Y., and a trial supply, together with an explanatory leaflet, will be sent to you.

SALT DIET: Here's an extremely readable booklet entitled, "The Solution of the Salt Problem." Its 38 pages present details of the salt problem and show how it has been solved in a surprisingly simple and scientific manner. Photographs in the back of the book give an idea of results obtained through the use of the Titro Dietetic Salt Diet. Address the Nordmark Chemical Works, Inc. (ME 7-36), 66 Leonard St., New York, N. Y.

ENDOCRINE SEXUAL DISTURB-ANCES: This leaflet presents Androstine, a physiologically standardized, total testicular extract. The makers say that the preparation contains all the active principles of the male genital glands, and that its administration, oral or intramuscular, exerts a regenerative action in the following: testicular insufficiency, impotence, infantilism, premature senility, and obesity. The folder is offered by the Ciba Company, Inc., (ME 7-36), Morton and Greenwich Sts., New York, N. Y.

ACNE ROSACEA AND SEBORRHEA: So that you may determine to your own satisfaction the therapeutic value of Sulpho-Lac in the foregoing conditions, the makers ask you to write for a sample jar. Whenever a skin disease requires stimulating, astringent, and keratolytic treatment, this colloidal sulphur cream is said to be indicated. Descriptive literature accompanies the sample. Write the Kelgy Laboratories (ME 7-36), 149 Fifth Avenue, New York, N. Y.

CANNED FOODS: Here's a handsomely bound book of 34 pages to keep on hand for ready reference when patients query you about canned foods. It's entitled, "Facts About Commercially Canned

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Foods," and contains a collection of the various discussions of the subject published to date by the American Can Company (ME 7-36), 230 Park Avenue, New York, N. Y. A copy will be sent you promptly on request.

VITAMINS & MINERALS: Professional samples and literature about Vi-Syneral, a brand new preparation, are yours for the asking. It is said to be the first balanced product to contain all necessary minerals and all known vitamins. The makers have prepared it in four different forms for use by expectant and nursing mothers, infants and children, adolescents, and adults. Address: Dubin Laboratories (ME 7-36), 250 East 43rd St., New York, N. Y.

GALLBLADDER DISEASE: Here's an offer of two highly readable little book-lets on Chologestin (chemically pure, asceptic bile salts), together with a sample for clinical trial. The first booklet, "Pathologic Enemy Number 2," gives the complete story and indications of the product. The other, "A Physician Speaks His Mind," presents a far-from-boring conversation between two physicians on the subject of gallbladder disease. Send your request to the F. H. Strong Company (ME 7-36), 160 Varick St., New York, N. Y.

SUNBURN. ATHLETE'S FOOT. AND INFECTIONS: In cases requiring a slowly-acting antiseptic which will exercise oxidizing properties over a prolonged period, the makers of O-Three recommend its use. The product is an ozonide of olive oil, an active oxidizing agent with fungicidal, bactericidal and deodorizing properties. A small, descriptive leaflet, accompanied by a sample, will be mailed to you upon request by Johnson Laboratory, Inc. (ME 7-36), 142 West 24th St., New York, N. Y.

RESPIRATORY DISEASES: The Firm of R. W. Gardner (ME 7-36), 372 Henry St., Orange, N. J., offers you gratis a generous sample (and literature) of two of its products. The first, Gardner's Syrup of Hydriodic Acid, is said to be an ex-

cellent source of iodine for internal use. The second, Syrup of Ammonium Hypophosphite, is prescribed largely as a substitute for ammonium chloride and carbonate, and is characterized by its palatability and efficacy as an expectorant and resolvent. Indications of the two preparations include laryngitis, pharyngitis, pneumonia, and grippe.

HAY FEVER: As a service to practitioners, Lederle Laboratories (ME 7-36), 30 Rockefeller Plaza, New York, N. Y., is issuing a series of six booklets, each describing and listing packages of Pollen Antigens Lederle for treating hay fever in the six zones of the United States. Your set will be mailed upon request.

NERVOUS CONDITIONS: The Carroll Dunham Smith Pharmacal Company (ME 7-36), Orange, New Jersey, is now offering samples and descriptive literature on Sedaphen, one of its latest laboratory achievements. Clinical experience, the company says, has demonstrated that Sedaphen possesses distinct advantages in allaying nervous irritability and inducing restful, refreshing sleep without disagreeable after-effects.

GASTRO-INTESTINAL DISTURB-ANCES: Literature on Alukalin, a new adsorbent, describes the product as being non-toxic, non-irritant, and chemically inert. It is said to provide a surface of magnitude and activity necessary for effective adsorption of bacteria, toxins, and gas. Also, the literature points out that Alukalin does not induce constipation, but promotes the tendency to form a soft, voluminous stool. A complimentary supply for clinical trial is available. Address: Malthie Chemical Company (ME 7-36), 246 High St., Newark, N. J.

HAY FEVER: According to the makers of V-E-M (Unguentum Eucalypti Compositum) their product offers an effective means of comforting your hay-fever patients. It is said to trap the pollen, soothe irritation, and stop sneezing. A professional sample is yours for the asking. Address: Schoonmaker Laboratories (ME 7-36), 132 Central Ave., Caldwell, N. J

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